AGING AMERICA

Trends and Projections

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United States Senate
SPECIAL COMMITTEE ON AGING
WASHINGTON, D.C. 20510

Dear Reader:

In the next four decades, the reality of an aging society will greatly influence every aspect of our national health, social and economic institutions.

The magnitude of the change that will confront us is beyond our historical experience. In forty years, when the post-war "baby boom" generation matures, 20 percent of our population will be over 55. The need for hospital care will have more than doubled. The number of persons most vulnerable to physical limitations -- those over 80 -- will have more than tripled. Over one of every three dollars in the Federal budget will likely go to programs serving older Americans.

While the challenge is clear, solutions are often obscured by the lack of accurate information. I am thus particularly pleased to offer this publication, "Aging America: Trends and Projections." A compilation of the most current data available, this volume should be an invaluable planning tool for professionals in health, pensions, housing, welfare and services, to academics and researchers, as well as to my colleagues in Congress.

On behalf of the Committee, I would like to express my appreciation to the American Association of Retired Persons in making this project possible, with particular thanks to Executive Director Cyril Brickfield and Coordinator of Research and Data Resources, Richard Kriner.

The staff of the Senate Special Committee on Aging is responsible for the content of this volume, incorporating the latest data available from a wide range of government agencies. Elizabeth Vierck coordinated this project, and with John Rother and Lawrence Atkins of the Aging Committee Staff, contributed the majority of the analytical work, the charts, and the text.

As Chairman of the Special Committee on Aging, I am concerned that the public reach a better understanding of the challenges posed by an aging society. I hope this volume will become a useful resource to all those interested in the implications of the promise of longer life for us all.

Sincerely,

John Heinz

JOHN HEINZ
Chairman

AMERICAN ASSOCIATION OF RETIRED PERSONS

Dear Reader:

We now live in a time -- in America and throughout the world -- in which more people than ever before are living longer than ever before. Barring nuclear holocaust or uncontrollable pestilence, there is every indication that this trend will continue. Aging, then, is clearly the wave of the future and, unless our society is to be caught up in and swept away by the undertow, we must begin preparing now for the challenges that lie ahead even as we struggle to cope with the harsh realities of the present.

To a very great extent, the people who will constitute what will be this nation's largest cohort of elders are not exactly strangers to us at AARP or to many members of Congress. They are, in fact, our children and grandchildren, known collectively as the "baby boom generation," a socio-cultural, economic and demographic phenomenon unto themselves. Ironically, their arrival in the years following the end of World War II found this nation as unprepared and surprised as it would again be not too many years later by the widespread emergence of long-living older Americans as yet another group to be reckoned with.

We are all too familiar with the massive mistakes which resulted from yesterday's failure to anticipate, plan and prepare for these two emerging populations at opposite poles of life. Today, however, we are not without sufficient advance notice. We already know, for instance, how many young and middle-aged adults there are, and we have a reasonably accurate notion that they are going to be with us for many years to come.

If we are to attempt to plan our path for the future, we need to know as much as possible now about where we are in the present and where we've been in the past. This, then, is the guiding impetus behind the compilation of *Aging America: Trends and Projections*. It is hoped that this publication will assist in building a future in which old age is viewed realistically as a promise rather than a problem, an accomplishment instead of a drawback, and a time of fulfillment for both the individual and society.

Our Association is pleased to have worked with the Senate Special Committee on Aging on this important project.

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INTRODUCTION

The future of America will in large part be shaped by the trends and projections highlighted in this chartbook. American society is aging. The United States is not alone in this demographic destiny, the entire global population is growing older, presenting a challenge to social policy for every country in the world.

In the United States, the rate of change in the size of the 65 and over population will be uneven. Essentially, we will enjoy a period for the next 30 years when there will be sustained but undramatic growth in the elderly population. But beginning in the year 2010, with the aging of the baby boom, an older society will suddenly be upon us, whether we have prepared for it or not. The foreseeable magnitude of these events challenges our capacity to adapt public policy far enough in advance—particularly in view of the fact that the needs of our older population are already outpacing the public and private resources available to meet them.

This chartbook is designed to provide information on the general characteristics, diversity and change within the older population, for use as a comprehensive resource for all those concerned about aging and social policy.

Many of the implications of the greying of America are not clear without careful differentiation of the trends. When using a resource book such as this one, which necessarily presents data in terms of prevalence of occurrence and statistical generalizations, we must be cautious not to assume that averages, medians and other measures of central tendency adequately describe such a heterogeneous group as older Americans.

Income data presents an important example of the caution we must employ when using statistical generalizations. As this publication was about to go to press, the U.S. Census Bureau issued its 1982 poverty statistics, showing for the first time that elderly persons 65 and over had slightly lower poverty rates than the general population. However, statistics for another common measure of poverty, 125 percent of poverty level, paint a different picture. According to the figures for 1982, 23.7 percent of individuals 65 or over are either poor or "near poor" as compared to 19.8 percent of the population under age 65. In other words, valid statistics support both the argument that elderly persons are better off than ever before, and also that disproportionately large numbers of elderly individuals continue to hover near poverty on marginal incomes.

The text and information presented in this book have been prepared by the staff of the U.S. Senate Special Committee on Aging with the cooperation of many other government agencies. The data is current as of November, 1983.

The U.S. Senate Special Committee on Aging and the American Association of Retired Persons would like to express their appreciation to those persons who devoted their time and skills to this publication. We would particularly like to thank Michael Callahan, U.S. Senate Computer Center, for lending his tireless expertise to the development of a large number of the graphics in this volume. We would also like to

thank the following persons for their contributions: Mary Grace Kovar, Joan Van Nostrand, Robert Fuchsberg, Barbara Feller, Lois Fingerhut, Mabel Smith, Chuck Dennison, Rose Hollander and the staff of the National Center for Health Statistics; and Cynthia Taeuber, John Coder, Gregory Spencer, Ed Welniak, Bill Downs and the staff of the U.S. Census Bureau. Beth Soldo, Ken Manton, Nancy Pearce and Joan Van Nostrand deserve special attention for reviewing the text and providing valuable comments.

This chartbook is based in part upon earlier works which summarized a broad variety of information on aging in graphic form. These include: The White House Conference on Aging's *Chartbook on Aging for the Eighties*, the U.S. Senate Special Committee on Aging's and U.S. Census Bureau's *America in Transition: Our Aging Society*, the U.S. Senate Special Committee on Aging's *Developments in Aging: 1982, Volume One*, the Federal Council on Aging's *Chartbook on Long-term Care* and the National Center for Health Statistics' *Health U.S.A.*, 1981 and 1982. Parts of this text were adapted from these works and we would like to acknowledge these agencies and their staffs for their contributions.

A DEFINITION

"Aging" is a general term which can be defined in terms of physiological, behavioral, sociological or chronological phenomenon. This publication will use the *chronological* concept to look at the population 55 years and older. When possible, statistics will be distinguished for the "older population" (age 55 and over), the "elderly" (age 65 and over), the "aged" (75 years and older), and the "very old" (85 years and over).

SECTION ONE: DEMOGRAPHICS

OLDER POPULATION GROWTH

The greying of the population is one of the most significant demographic trends of the twentieth and twenty-first centuries (Charts 1 and 2 and Table 1).

The older population has been increasing at a far more rapid rate than the rest of the population for most of this century. For instance, in the last two decades the 65-plus population grew twice as fast as the rest of the population.[1]

The number and proportion of older persons has grown and will continue to grow more rapidly than the general population. At the beginning of the century less than 10 percent of the total population, about 7.1 million persons, were age 55 and over. In 1982, over one-fifth of the American population was 55 years or over, an estimated 48.9 million persons.

This trend is expected to continue well into the next century. According to U.S. Bureau of the Census projections, while the total U.S. population is expected to increase by a third between 1982 and 2050, the 55-plus group is expected to grow at the rate of 113 percent.[2]

This increase in the older population is expected to occur in two stages. Through the year 2000, the proportion of persons 55 and over is expected to remain stable, at one-fifth of the total population. Then, because of the maturation of persons born during the "baby-boom," the proportion of older persons to younger is expected to rise dramatically. In 2010, one-fourth of the total U.S. population (74.1 million) is expected to be at least 55 years old and one out of seven Americans will be 65 and over. By the year 2050, one out of three persons is expected to be over 55 years of age and one out of four will be over age 65.[1]

It is commonly assumed that the current greying of the population is due to increased longevity. However, the primary cause of the rise in the absolute numbers of elderly is an increase in the annual number of births prior to 1920 and after World War II.[3]

The dramatic impact that the increase in the older population has had and will continue to have on American society may be seen in Chart 2. At the turn of the century, a small portion of the population was 60 years and older: 6.4 percent; 3.2 percent for both males and females. Eight decades later, persons 60 years and older accounted for 16.1 percent of the population, 7 percent for males and 9.1 percent for females. In the next 70 years, a comparable surge in the older population is expected to occur in which over a quarter of the population, 27.7 percent, will be 60 years or older, 11.7 percent for males and 16 percent for females.[3]

Note: If mortality rates continue to improve, these projections will understate the projected size of the future older population. The projections used here are the "middle series" projections put out by the U.S. Bureau of the Census which assumes that fertility rates will remain steady, life expectancy will rise slowly, and net immigration will remain at 450,000 per year. The accuracy of the projections of the absolute number of older Americans depends primarily on the accuracy of the mortality assumption. The accuracy of the percentage of elderly depends, additionally, on future birth rates.

Chart 1
ACTUAL AND PROJECTED POPULATION 55 YEARS AND OLDER BY AGE 1900–2050

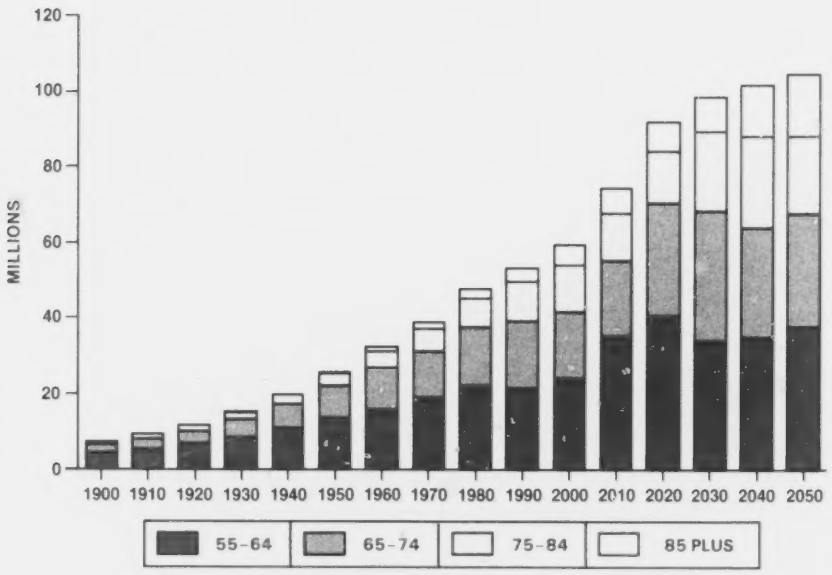
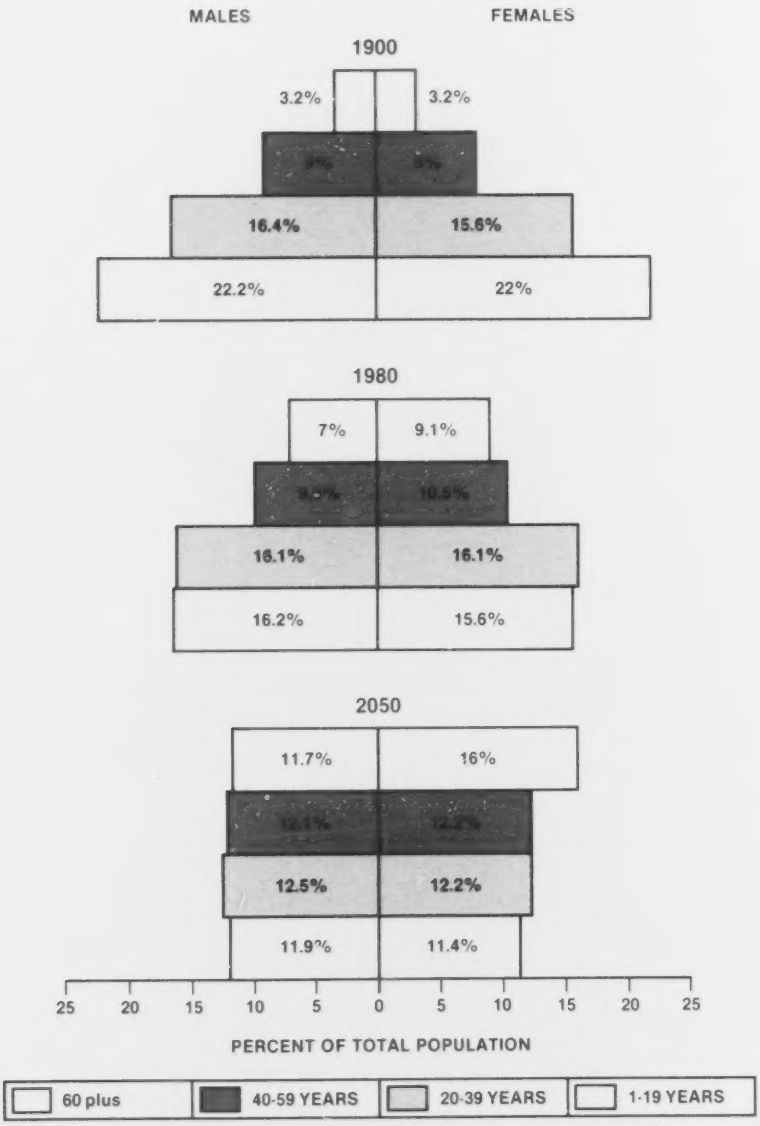


Table 1
ACTUAL AND PROJECTED GROWTH OF THE OLDER POPULATION 1900-2050
[Numbers in thousands]

Year	Total pop. all ages	55 to 64 yrs.		65 to 74 yrs.		75 to 84 yrs.		85 yrs. & over		65 yrs. & over	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1900	76,303	4,009	5.3	2,189	2.9	772	1.0	123	0.2	3,084	4.0
1910	91,972	5,054	5.5	2,793	3.0	989	1.1	167	0.2	3,950	4.3
1920	105,711	6,532	6.2	3,464	3.3	1,259	1.2	210	0.2	4,933	4.7
1930	122,775	8,397	6.8	4,721	3.8	1,641	1.3	272	0.2	6,634	5.4
1940	131,669	10,572	8.0	6,375	4.8	2,278	1.7	365	0.3	9,019	6.8
1950	150,697	13,295	8.8	8,415	5.6	3,278	2.2	577	0.4	12,270	8.1
1960	179,323	15,572	8.7	10,997	6.1	4,633	2.6	929	0.5	16,560	9.2
1970	203,302	18,608	9.2	12,447	6.1	6,124	3.0	1,409	0.7	19,980	9.8
1980	226,505	21,700	9.6	15,578	6.9	7,727	3.4	2,240	1.0	25,544	11.3
1990	249,731	21,090	8.4	18,054	7.2	10,284	4.1	3,461	1.4	31,799	12.7
2000	267,990	23,779	8.9	17,693	6.6	12,207	4.6	5,136	1.9	35,036	13.1
2010	283,141	34,828	12.3	20,279	7.2	12,172	4.3	6,818	2.4	39,269	13.9
2020	296,339	40,243	13.6	29,769	10.0	14,280	4.8	7,337	2.5	51,386	17.3
2030	304,339	33,965	11.2	34,416	11.3	21,128	6.9	8,801	2.9	64,345	21.1
2040	307,952	34,664	11.3	29,168	9.5	24,529	8.0	12,946	4.2	66,643	21.6
2050	308,856	37,276	12.1	30,022	9.7	20,976	6.8	16,063	5.2	67,061	21.7

SOURCE: U.S. Bureau of the Census, Decennial Censuses of Population, 1900-1980 and Projections of the Population of the United States: 1982 to 2050 (Advance Report). Current Population Reports, Series P-25, No. 922, October 1982. Projections are middle series.

Chart 2
ACTUAL AND PROJECTED CHANGE IN POPULATION DISTRIBUTION 1900 - 2050



NOTE: Projections are middle series.

SOURCE: U.S. Bureau of the Census, Decennial Censuses of Population, 1900-1980 and Projections of the Population of the United States: 1982 to 2050, Current Population Reports, Series P-25, No. 922, October, 1982.

OLDER POPULATION AGING

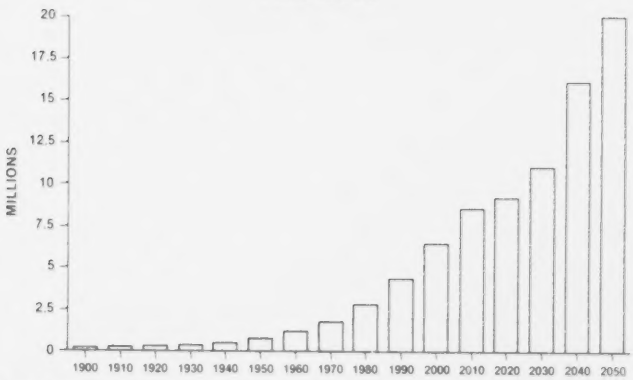
The older population itself is aging. The 75-plus group is currently the fastest growing segment of the American population. In fact, it is increasingly likely that older persons will have a surviving parent. Four generation families are becoming increasingly more common—about half of all persons 65 and older have great-grandchildren.[6]

In 1900 only 772,000 people were between the ages of 75 and 84 and only 123,000 were 85 years or older. By 1980 there were 7,727,000 persons 75 to 84 and 2,240,000 85 or older.[7]

Although there has been an increase in the number of "aged" and "very old" during the last eight decades, the proportion of persons in these age ranges to the younger population has remained quite small. However, this trend is also changing. While less than 5 percent of the population was 75 or older in 1982, by 2030, almost 10 percent of the population is expected to be in that age group. By 2050 the population 75 years or older is expected to equal about 12 percent of the total population. In other words, by the middle of the next century the relative number of those 75 plus to the total population (1 out of 8) will be greater than the current proportion of 65-plus individuals to the general population (1 out of 9).[8] These trends have far-reaching policy implications because it is generally individuals in the upper age ranges who have the greatest need for social, income maintenance, housing, and health services.

By the year 2050, the proportion of the population 85 years and older is projected to jump from about 1 to 5 percent of the total population. Chart 3 illustrates the dramatic increases in the number and proportion of the very old—from 123,000 in 1900, to 2.2 million in 1980, to a projected 16 million in 2050.

Chart 3
ACTUAL AND PROJECTED
INCREASE IN POPULATION 85 YEARS AND OLDER
1900-2050



SOURCE: U.S. Bureau of the Census, Decennial Census: 1900-1980, Projections of the Population of the United States: 1982 to 2050, Current Population Report, P-25, No. 922, October, 1982, Middle Series Projections.

YOUNG AND ELDERLY SUPPORT RATIO

The combined effect of decreased fertility levels and increased numbers of elderly persons will result in growth in the ratio of persons of working age (18 to 64 years of age) to elderly persons (Chart 4 and Table 2).

The figure used to describe the number of persons of "working age" as compared to the number of "retirement age" is often referred to as a "support ratio," reflecting the economic fact that the working population supports the non-working age groups. The ratio reflecting those who have retired, as opposed to children, is especially important since it is primarily publicly-funded programs which serve retirees. The expected dramatic growth in the very old age group will require proportionately higher levels of "support" than is true today.

At the turn of the century, there were about 7 elderly persons for every 100 persons 18 to 64 years. By 1982, that ratio was almost 19 elderly persons per 100 persons of working age. By 2000, the ratio is expected to increase to 21 per 100 and then to surge to 38 per 100 by 2050.

Table 2
TOTAL SUPPORT RATIO, AGED SUPPORT RATIO, AND YOUNG SUPPORT RATIO
ACTUAL AND PROJECTED
1900-2050
(Number of Persons Per 100 Aged 18 to 64 Years)

	1900	1920	1940	1960	1980	1982[1]	1990	2000	2025	2050
Total support ratio (under 18 and 65 and over)	83.65	75.69	62.84	81.95	64.39	62.86	62.57	61.86	71.00	74.46
Aged support ratio (65 years and over)	7.35	7.99	10.90	16.84	18.59	18.82	20.70	21.16	33.31	37.35
Young support ratio (under 18)	76.30	67.70	51.94	65.11	45.80	44.04	41.87	40.70	37.69	36.61

[1]Based on estimates

SOURCE: U.S. Bureau of the Census. Projections of the Population of the United States: 1982 to 2050 (Advance Report) Series P-25, No. 922, October 1982, and Estimates of the Population of the United States, by Single Years of Age, Color, and Sex: 1900 to 1959, Series P-25, No. 311, July 2, 1965. Projections are the middle series.

Chart 4
YOUNG AND ELDERLY SUPPORT RATIO
ACTUAL AND PROJECTED
1900-2050

NOTE: "Young" support ratio is the number of persons under 18 per 100 aged 18-64 years. "Elderly" support ratio is the number 65 + per 100 18-64 years.

SEX DIFFERENTIALS

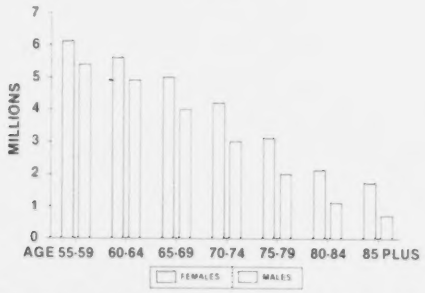
Because the life-expectancy of men is less than that of women, the health, social and economic problems of the elderly, especially those over age 70, are predominantly the problems of women (Chart 5 and Table 3). Old age is associated with women living alone on reduced income and increased poverty with greater risk of ill health, death and institutionalization.[9]

Elderly women now outnumber elderly men 3 to 2. In 1982, there were 80 men aged 65 to 69 years for every 100 females in that same age group, and 42 men aged 85 and over for every 100 females aged 85 and over.

Table 3
POPULATION 55 YEARS AND OVER BY RACE AND SEX
1982
[Numbers in thousands]

	Total	White	Black	Other races
Total 55 Plus	48,930	44,078	4,148	704
55 to 64	22,096	19,780	1,953	363
65 to 74	16,129	14,531	1,380	218
75 to 84	8,239	7,495	646	98
85 Plus	2,466	2,272	169	24
Male 55 Plus	21,105	19,043	1,737	325
55 to 64	10,329	9,300	861	167
65 to 74	6,996	6,318	576	102
75 to 84	3,053	2,761	245	47
85 Plus	728	664	55	9
Female 55 Plus	27,825	25,036	2,410	379
55 to 64	11,768	10,480	1,092	196
65 to 74	9,133	8,213	804	116
75 to 84	5,183	4,734	400	52
85 Plus	1,738	1,609	114	15

Chart 5
POPULATION 55 YEARS AND OLDER BY AGE AND SEX
1982



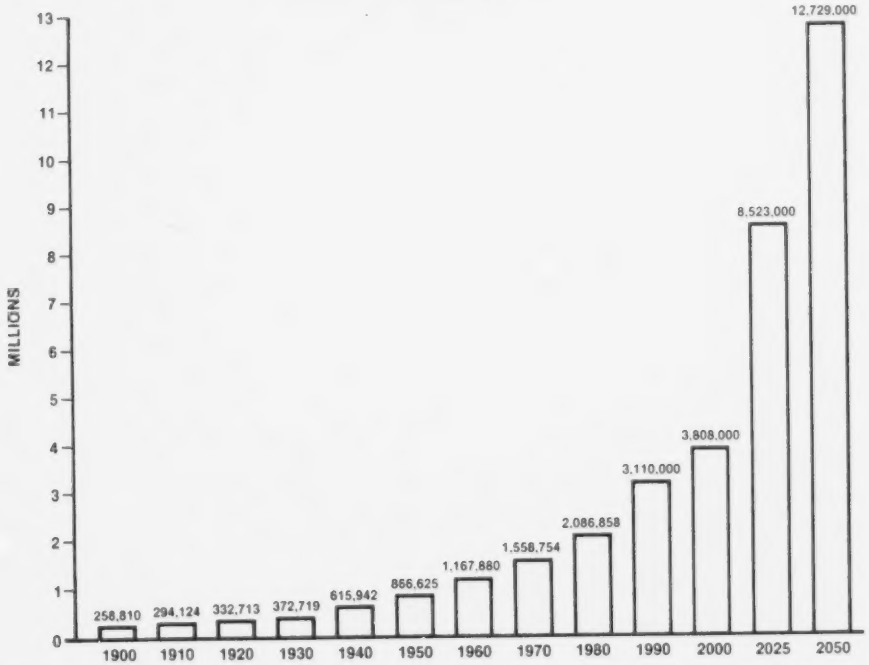
SOURCE: U.S. Bureau of the Census, Projections of the Population of the United States: 1982 to 2050, Current Population Reports, Series P-25, No. 922, October, 1982.

RACE AND ETHNIC ORIGIN

Over the last decade, the elderly nonwhite population grew faster than the elderly white population as a result of higher nonwhite fertility levels and more rapid gains in life expectancy experienced by blacks than whites. This trend is expected to continue into the next century (Chart 6). In 1980, 12 percent of the population 65 years and older was nonwhite; by 2050 nonwhite persons are projected to make up 18 percent of the older population.[10]

The proportion of specific race or ethnic groups that are age 65 or older differs significantly. In 1982, about 12 percent of whites, 8 percent of blacks, 6 percent of Asians and Pacific Islanders, and 5 percent each of American Indians and Hispanics were 65 and over.[11]

Chart 6
ACTUAL AND PROJECTED NONWHITE POPULATION
65 YEARS AND OLDER
1900–2050



NOTE: Projections consistent with base data for Projections of the Population of the United States: 1982 to 2050, Current Population Reports, P-25, No. 922, October, 1982 Middle Series Projections.

SOURCE: U.S. Bureau of the Census, Population Projections Division, compiled by Gregory Spencer

LIFE EXPECTANCY

An individual born at the turn of the century could expect to live an average of 49 years. By 1981, life expectancy at birth had jumped to almost 74 years and over three-fourths of all newborns could be expected to reach that age.[12]

Women now live considerably longer than men (Table 4). Until 1920, the gap in life expectancy of males and females was less than two years. As early as 1930, there were equal numbers of males and females aged 65 and over. In the ensuing years, however, women have had far larger improvements in life-expectancy (Chart 7). Males who had their sixty-fifth birthday in 1980 could expect to live another 14.02 years, but women could expect to live 18.35 more years.[13]

Life expectancy also differs according to race, although advances have been made in the last four decades (Chart 8). In 1940, the difference in life expectancy for whites and blacks was 11 years; by 1980 the disparity had been reduced to 5 years.[14] Differences in life expectancy for races have been attributed largely to socioeconomic status.[15] Once whites and blacks reach age 65, differences in life expectancy are small. In fact, death rates after age 75 are higher for whites than for blacks (Chart 9).

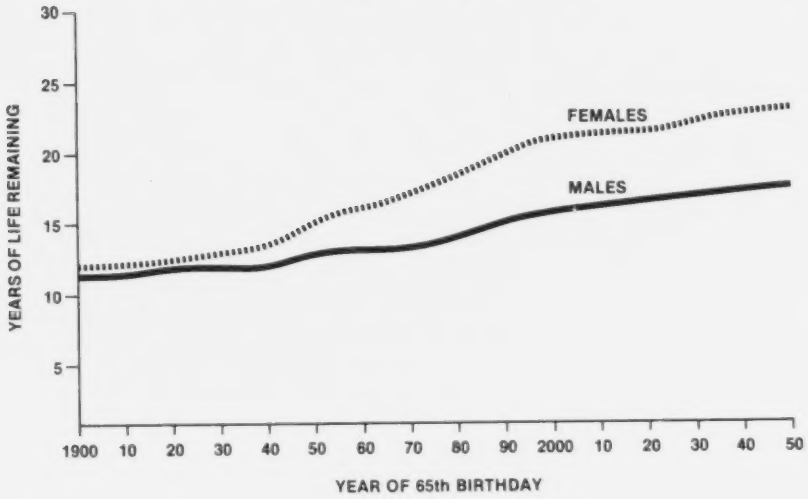
Table 4

LIFE EXPECTANCIES AT BIRTH AND AGE 65 BY SEX AND CALENDAR YEAR

	MALE		FEMALE	
Calendar Year	At Birth	At Age 65	At Birth	At Age 65
1900	46.56	11.35	49.07	12.01
1910	50.20	11.38	53.67	12.10
1920	54.59	11.81	56.33	12.34
1930	58.01	11.38	61.36	12.91
1940	60.89	11.92	65.34	13.42
1950	65.33	12.81	70.90	15.07
1960	66.58	12.91	73.19	15.89
1970	67.05	13.14	74.80	17.12
1980	69.85	14.02	77.53	18.35
1990	72.29	15.11	79.85	19.92
2000	73.42	15.71	81.05	20.81
2010	73.93	16.08	81.62	21.27
2020	74.42	16.45	82.18	21.73
2030	74.90	16.81	82.74	22.18
2040	75.37	17.18	83.29	22.64
2050	75.84	17.55	83.84	23.11

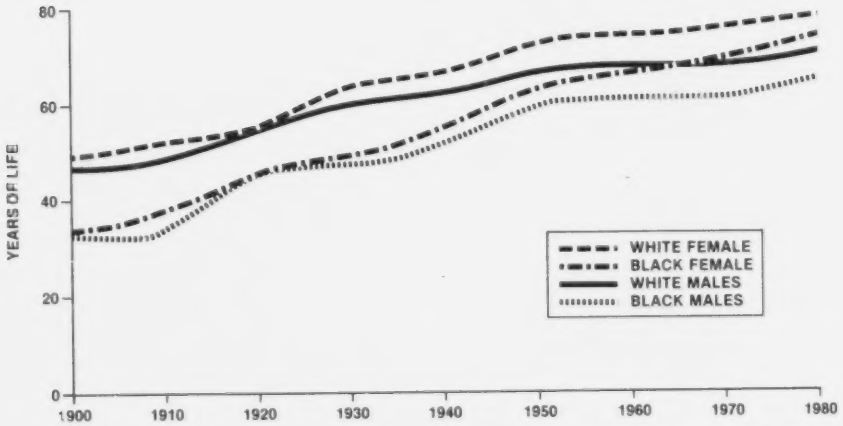
Source: Social Security Administration, Office of the Actuary, September 1982.

Chart 7
ACTUAL AND PROJECTED
LIFE EXPECTANCY AT AGE 65
1900 to 2050



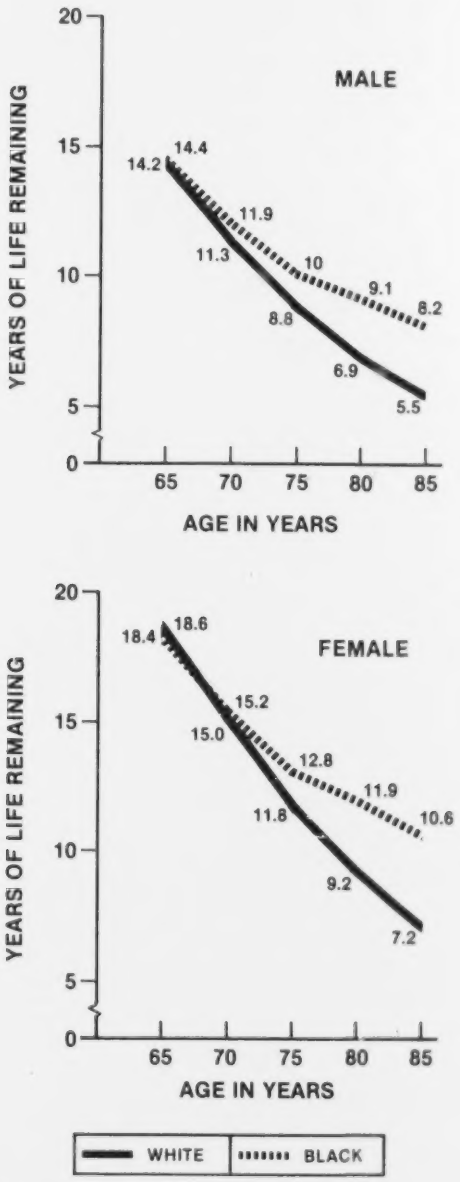
SOURCE: Social Security Administration, Office of the Actuary, September, 1982.

Chart 8
EXPECTATION OF LIFE AT BIRTH BY RACE AND SEX
1900-1980



SOURCE: U.S. Bureau of the Census, Historical Statistics of the United States, 1975 and National Center for Health Statistics, Monthly Vital Statistics, Vol. 29, No. 13, September, 1981.

Chart 9
YEARS OF LIFE REMAINING FOR ELDERLY AGE GROUPS
BY RACE AND SEX
1980



SOURCE: National Center for Health Statistics, Monthly Vital Statistics Report, Advance Report of Final Mortality Statistics, 1979, Vol. 31, No. 6, Supplement, September 30, 1982.

GEOGRAPHIC DISTRIBUTION

In 1980, there were seven states with more than one million persons 65 years and older: California, New York, Florida, Pennsylvania, Texas, Illinois and Ohio (Chart 10 and Table 5). Michigan's elderly population was close to one million with 912,000 elderly persons. Almost half of the total elderly population resided in these eight states at the time of the 1980 census. Alaska had the smallest number of elderly persons—12,000—less than 3 percent of its total population.[16]

The traditional notion of Florida as the state with the highest concentration of elderly is borne out by the statistics: 17.3 percent of its residents were 65 years or older in 1980. Arkansas, Rhode Island, Iowa, Missouri, South Dakota, Nebraska and Kansas followed with 13 to 14 percent (Chart 11 and Map 1).

All states experienced substantial increases in their elderly population from 1970 to 1980 (Map 2). The largest percent increase in the elderly population over the decade were in the South and West. Nevada experienced the largest increase, 113 percent, and New York the smallest, 10.8 percent. Most states had at least a 50 percent increase in the number of persons 85 years and over in the last decade, while Arizona, Florida and Nevada more than doubled the size of their very old population.

Counties with large numbers and proportion of elderly persons are distributed across the country (Map 3). There are now over 500 rural and small town counties in which persons 65 and over make up at least one-sixth of the total population. Over one-half of these counties, especially in the Nation's heartland, are agricultural areas where the older population has stayed on, while the younger population has moved out. Heavy out-migration of the young plus relatively low fertility in some areas contributed to a high proportion of elderly in Iowa, Kansas, Missouri, Nebraska, South Dakota, Arkansas, Maine, Massachusetts, Rhode Island, and Pennsylvania. The remainder of the counties with an exceptionally high proportion of elderly are retirement areas to which the older population has relocated, such as counties in Florida, the Ozark Plateau, and the Texas Hill country. The number of areas attracting in-migration from retirees has expanded considerably since the 1950s and now extends beyond the Sun Belt (Map 4).

Almost two-thirds of the elderly lived in metropolitan areas (standard metropolitan statistical areas) in 1981. Just over half lived outside the central city, a reversal from 1970 when more elderly persons lived inside the central city than in outlying areas. Individuals 65 years or older are less likely than other age groups to live in the suburbs (34 versus 41 percent). However, white elders are most likely to live in the suburbs, whereas black and Hispanic elders are more concentrated in the central cities. A decreasing proportion of senior citizens lived in farm areas in 1980, 3 percent, as compared with almost 4.5 percent in 1970.

Even though most elderly live in metropolitan areas, they constitute about 10 percent of the metropolitan population, compared with about 12 percent of the nonmetropolitan population. About 45 percent of the Nation's nonmetropolitan elderly live in the South, while the Northeast and West combined have only about 25 percent. Growth of the elderly population in small towns and rural areas has been about 2.5 percent annually in recent years, a somewhat higher growth rate than that for the total older population.[17]

Table 5
NUMBER AND PERCENT OF EACH STATE'S TOTAL POPULATION AGED 65 AND OVER: 1980

[Number in thousands]

State	All ages		65 plus				Percent increase 1970-80
	Number	Rank	Number	Rank	Percent	Rank	
Alabama	3,894	22	440	19	11.3	24	35.0
Alaska	402	51	12	51	2.9	51	67.7
Arizona	2,718	29	307	28	11.3	25	90.4
Arkansas	2,286	33	312	27	13.7	2	31.4
California	23,668	1	2,414	1	10.2	34	34.1
Colorado	2,890	28	247	33	8.6	46	31.6
Connecticut	3,108	25	365	26	11.7	18	26.3
Delaware	594	48	59	48	10.0	36	35.0
D.C.	638	47	74	46	11.6	20	4.9
Florida	9,746	7	1,688	3	17.3	1	70.6
Georgia	5,463	13	517	16	9.5	41	40.6
Hawaii	965	39	76	45	7.9	49	72.4
Idaho	944	41	94	41	9.9	37	38.2
Illinois	11,427	5	1,262	6	11.0	29	15.4
Indiana	5,490	12	585	13	10.7	31	18.5
Iowa	2,913	27	388	24	13.3	4	10.7
Kansas	2,364	32	306	29	13.0	6	15.1
Kentucky	3,661	23	410	21	11.2	27	21.5
Louisiana	4,206	19	404	22	9.6	39	31.8
Maine	1,125	38	141	36	12.5	11	23.0
Maryland	4,217	18	390	23	9.4	42	32.0
Massachusetts	5,737	11	727	10	12.7	10	14.2
Michigan	9,262	8	912	8	9.9	38	21.2
Minnesota	4,076	21	480	18	11.8	17	17.3
Mississippi	2,521	31	289	31	11.5	21	30.1
Missouri	4,917	15	648	11	13.2	5	15.6
Montana	787	44	85	43	10.8	32	23.0
Nebraska	1,570	35	206	35	13.1	7	12.1
Nevada	800	43	66	47	8.2	47	112.3
New Hampshire	921	42	103	40	11.2	28	31.3
New Jersey	7,365	9	860	9	11.7	19	23.4
New Mexico	1,303	37	116	38	8.9	45	64.2
New York	17,558	2	2,161	2	12.3	13	10.2
North Carolina	5,882	10	603	12	10.2	35	45.7
North Dakota	653	46	80	44	12.3	14	21.2
Ohio	10,798	6	1,169	7	10.8	30	17.2
Oklahoma	3,025	26	376	25	12.4	12	25.5
Oregon	2,633	30	303	30	11.5	22	33.8
Pennsylvania	11,864	4	1,531	4	12.9	9	20.3
Rhode Island	947	40	127	37	13.4	3	22.1
South Carolina	3,122	24	287	32	9.2	44	50.5
South Dakota	691	45	91	42	13.2	6	13.1
Tennessee	4,591	17	518	15	11.3	26	34.8
Texas	14,229	3	1,371	5	9.6	40	38.2
Utah	1,461	36	109	39	7.5	50	40.8
Vermont	511	49	58	49	11.4	23	22.5
Virginia	5,346	14	505	17	9.5	43	38.1
Washington	4,132	20	432	20	10.4	33	34.0
Wisconsin	4,705	16	564	14	12.0	16	19.3
West Virginia	1,950	34	238	34	12.2	15	22.3
Wyoming	470	50	37	50	7.9	48	23.1

Chart 10
POPULATION 65 YEARS AND OLDER
TOP TEN STATES
1980

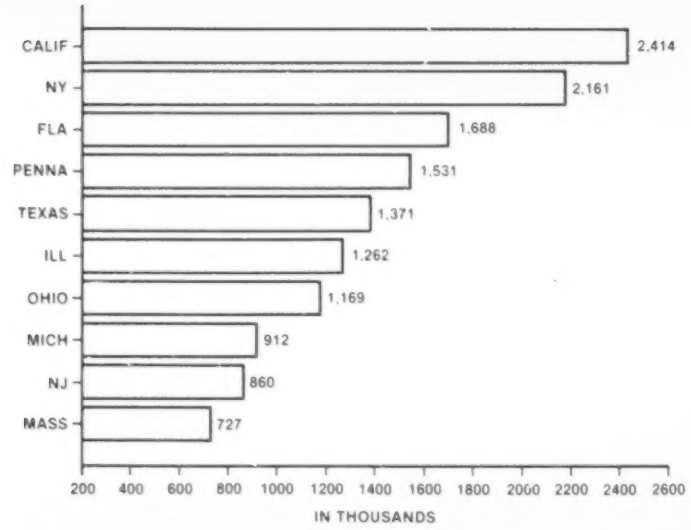
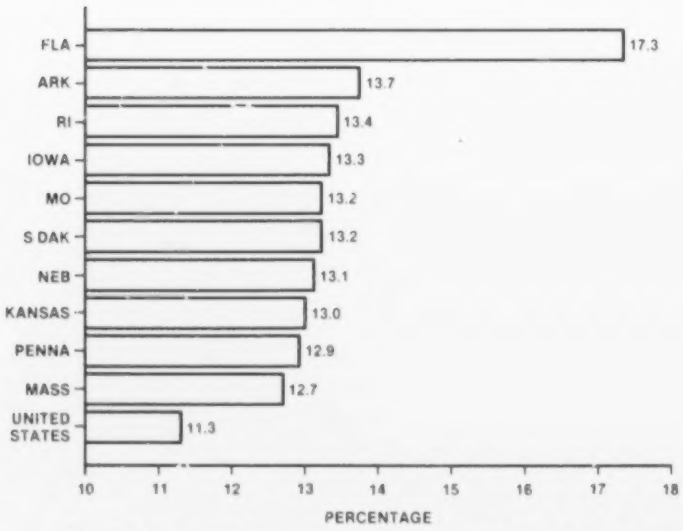
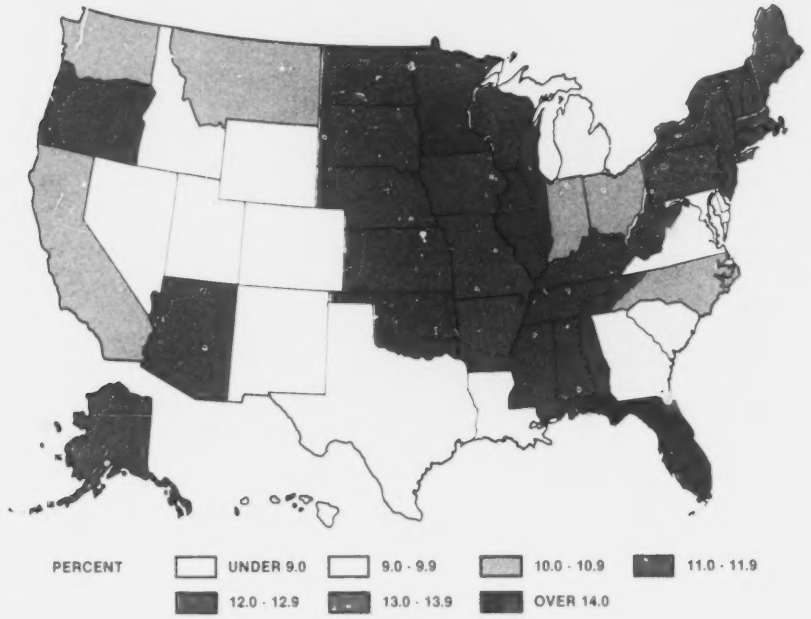


Chart 11
PERCENTAGE OF TOTAL POPULATION
65 YEARS AND OLDER
TOP TEN STATES
1980

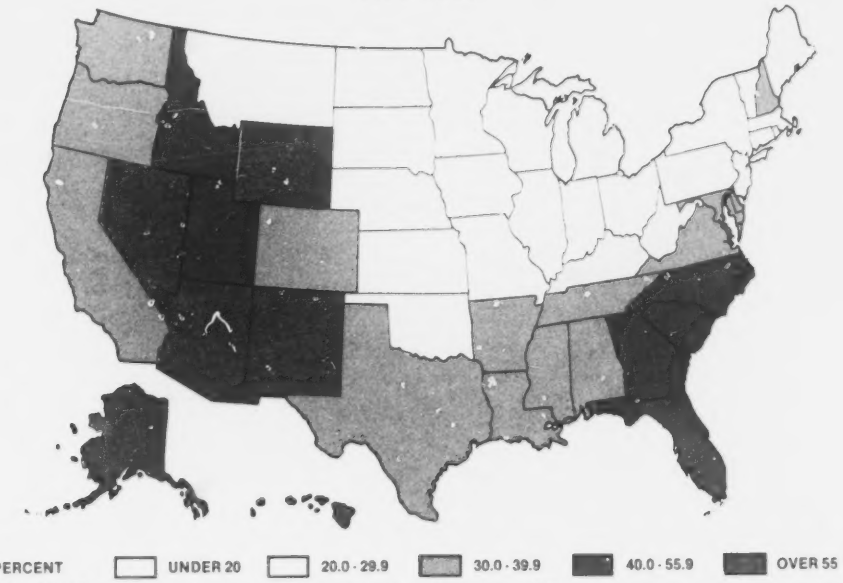


SOURCE: U.S. Bureau of the Census, Decennial Census of the Population, 1980

Map 1
PERCENT OF STATE POPULATION 65 YEARS AND OLDER
1980

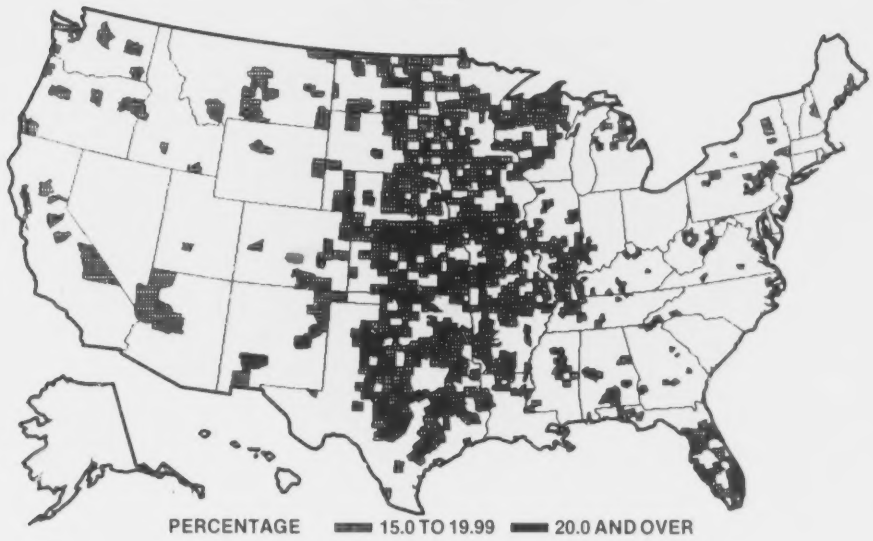


Map 2
PERCENT INCREASE IN STATE POPULATION 65 YEARS AND OLDER
1970–1980

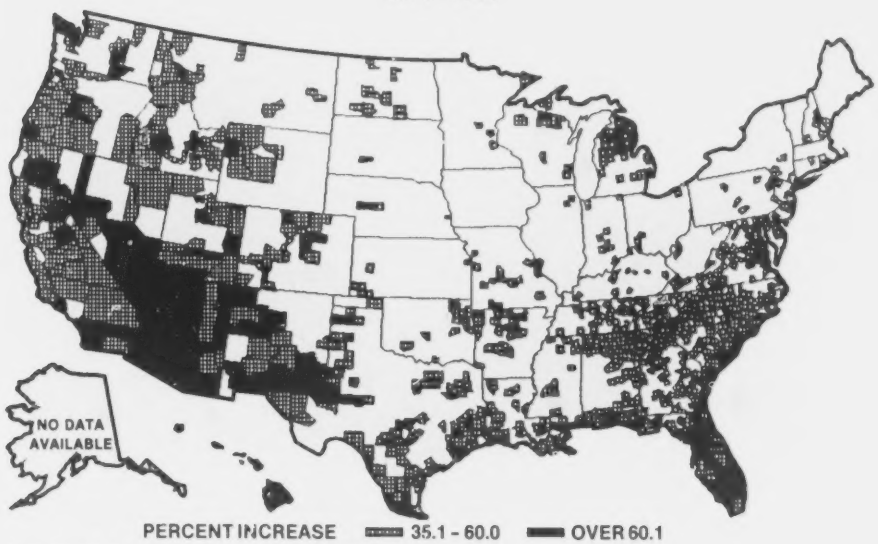


SOURCE: U.S. Bureau of the Census, Decennial Census of the Population, 1980.

Map 3
PERCENTAGE OF POPULATION 65 YEARS AND OLDER
COUNTIES WITH 15 PERCENT OR MORE
1980



Map 4
AGING POPULATION GROWTH
COUNTIES WITH 35 PERCENT OR MORE INCREASE
IN RESIDENTS 65 YEARS AND OLDER
1970-1980



SOURCE: U.S. Bureau of the Census, Decennial Census of the Population, 1970 and 1980.

AGING IN OTHER COUNTRIES

The aging of populations is an international phenomenon. All world regions are witnessing an increase in the absolute and relative size of their older population. Until recently, the aged have represented a relatively small proportion of most countries' populations and were not the primary focus of social and economic resources. Historically, the attention of educators, scientists, and government officials in most countries has been directed toward early childhood and youth since the largest increase in population was in that age group. But this is no longer the case.

The number of older persons in the world is expected to increase from 376 million in 1980 to 1,121 million in 2025 and the proportion of older persons in the total world population is expected to increase from 8.5 percent to 13.7 percent over that period. This will result in a world population in which one out of every seven individuals will be 60 years of age or older by the year 2025.[18]

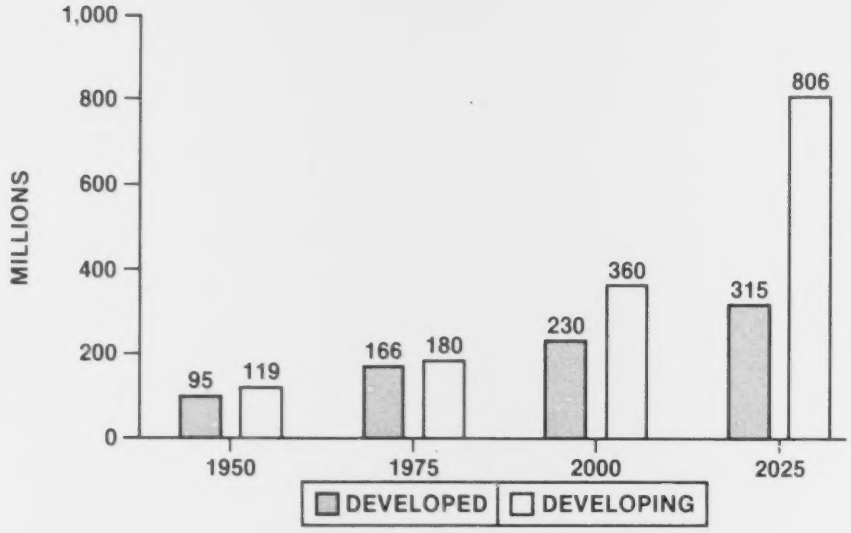
There is a substantial difference in the rates of aging of the populations in developed (industrialized) and developing (non-industrialized) countries (Chart 12). In fact, the 1980s mark a turning point in which the numbers of people 60 years and older are about evenly divided between developed and developing countries. However, by the year 2025, the 60-plus group is expected to equal 315 million in the developed regions and 806 million in the developing regions. This will mean that only 28 percent of the world's older persons will reside in currently industrialized countries, while 72 percent will reside in developing countries.

The global increase in the world's elderly population is primarily due to two factors: a slowing down of the birth rate (after a period of high fertility, creating large numbers in the cohort that will be elderly during the next century); and an increase in longevity due to improvements in health care and nutrition. However, differences in longevity rates remain for developed and developing countries (Chart 13). The average life-span of men and women in developing countries is as great as 20 years less (54 and 56 years) than that of their counterparts in developed countries (68 and 76 years). The differences in longevity rates for men and women is less pronounced in developing countries (2 years) than in developed countries (8 years).

At a world level, the profile of the average elderly person is expected to change from rural to urban by the year 2000 (Chart 14). The degree of urbanization of older residents is projected to increase from 46 percent in 1975 to 55 percent in 2000. Elderly women are becoming more urbanized than the general population of most countries. The United Nations forecasts that 60 percent of 70-plus women will be living in urban areas by the year 2000.

A population's aging has serious implications with regard to social and economic development. Rural-agricultural regions characterized by traditional social systems and economies are being transformed into societies characterized by urbanization, agribusiness, industrialization and an increasing tertiary services sector. Regions which have been characterized by highly industrialized economies are now faced with the challenges of a more vigorous aging population who bring greater expectations, increased capacities, skills and personal resources to the societies of which they are a part, and large populations of vulnerable and frail individuals who require increased resource allocations and new forms of service organizations and delivery systems.

Chart 12
ACTUAL AND PROJECTED
WORLD POPULATION 60 YEARS AND OLDER
FOR DEVELOPED AND DEVELOPING COUNTRIES
1950-2025



SOURCE: United Nations World Assembly on Aging Introductory Document: Demographic Considerations. Report of the Secretary General, 1982.

Chart 13
DIFFERENCES IN LIFE EXPECTANCY
BETWEEN MEN AND WOMEN
IN DEVELOPING AND DEVELOPED COUNTRIES
1975

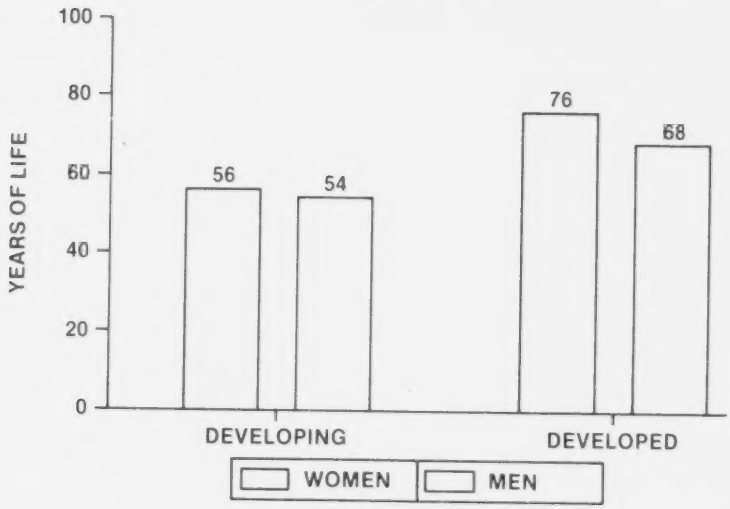
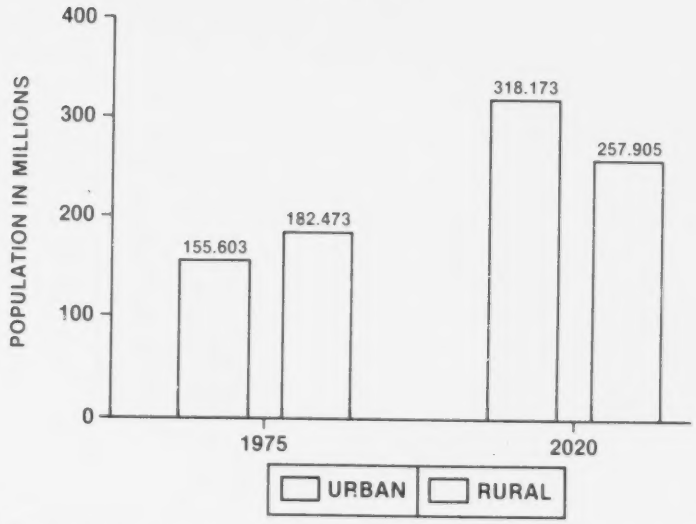


Chart 14
ACTUAL AND PROJECTED OLDER POPULATION
FOR WORLD'S URBAN AND RURAL AREAS
1975-2020



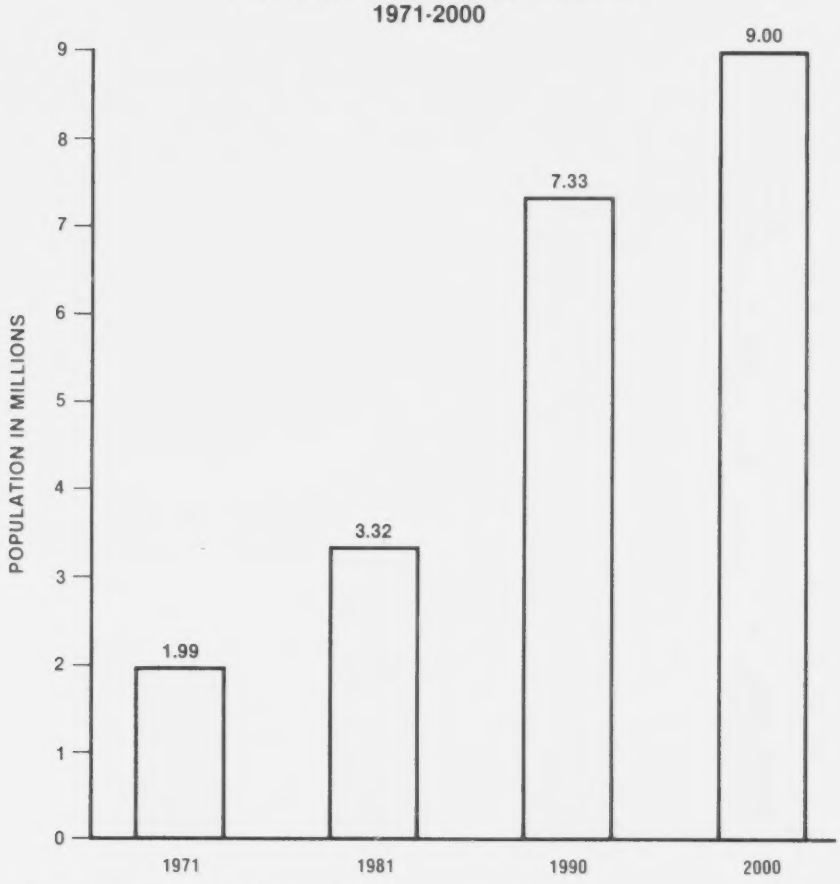
SOURCE: United Nations World Assembly on Aging Introductory Document: Demographic Considerations. Report of the Secretary General, 1982

VETERANS

Over two centuries of American history, the United States has been involved in ten major armed conflicts. Nearly 39 million Americans have participated in these wars and over 90 percent of these have served during this century. Presently, the living veteran population stands at just over 30 million and the Veterans Administration operates the largest health care system in the United States.[19]

The average age of veterans in civilian life is presently about 48 years. As a result of the large number of World War II veterans who will enter the older age ranges, this figure will increase by about six years over the next two decades, provided no large build up of the Armed Forces is required. (The average age of female veterans is somewhat lower, 46.2 years.)

Chart 15
ACTUAL AND PROJECTED NUMBER OF VETERANS 65 YEARS AND OLDER 1971-2000



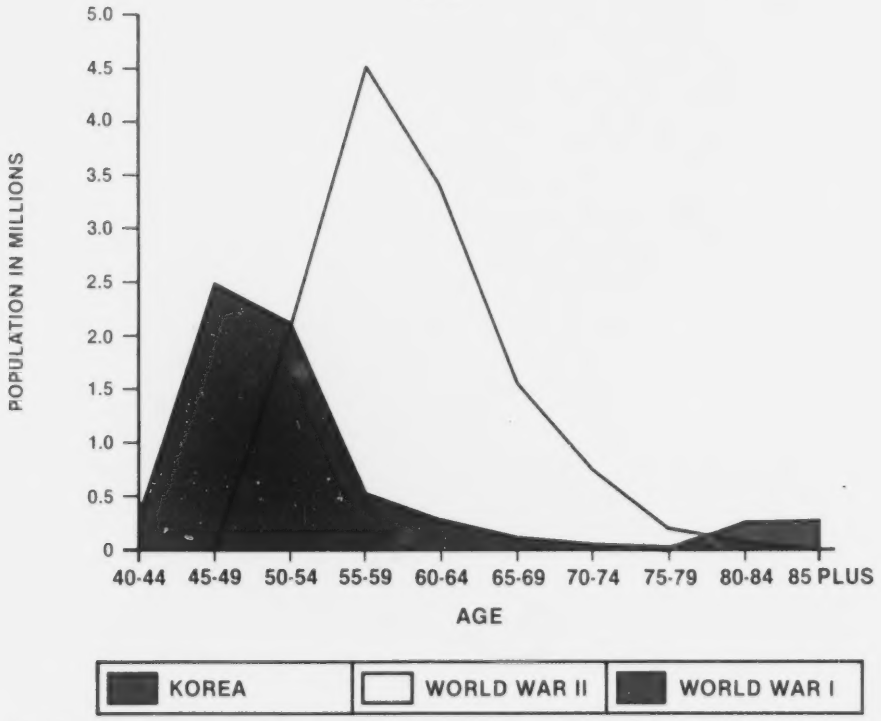
SOURCE: Veterans Administration, Research Division, Annual Report, 1982

The number of living veterans 65 years or older was an estimated 3.3 million on September 30, 1981. 11 elderly veterans is expected to more than double to 7.3 million (Chart 15). By the turn of the century, ex-service personnel 65 years and older will number about 9 million. At this time, two out of three veterans are expected to be elderly. This trend is of major importance to the country, because of the ensuing strains on the government's veterans' benefits and health care systems. For instance, in 1990, barring policy changes, more than half of all American men will be eligible for veterans' benefits.

At the close of the Veterans Administration fiscal year in 1981, there were 86 veterans from the Spanish American wars with an average age of 101 years. The average age of survivors of World War I was 85.3 years; World War II, 60.5 years; and the Korean conflict, 51.1 years (Chart 16).

In 1990, the proportion of veterans in the 65 to 74 age range should comprise about four-fifths (81.6 percent) of the older veteran population. However, by the turn of the century, close to half (44.6 percent) will fall into the 75-plus age range.

Chart 16
ESTIMATED NUMBER OF VETERANS BY AGE AND PERIOD OF SERVICE 1980



SOURCE: Veterans Administration, Research Division, reported in U.S. Senate Special Committee on Aging; Developments in Aging, 1981, Volume One.

SECTION TWO: INCOME

ECONOMIC STATUS

The economic position of persons 65 years of age or older is, in general, at a considerably lower level and is much less secure than that of the younger population (Chart 17). Most individuals are NOT able to maintain high incomes throughout their lives. There is a strong pattern of declining income for older persons (Chart 17).[1]

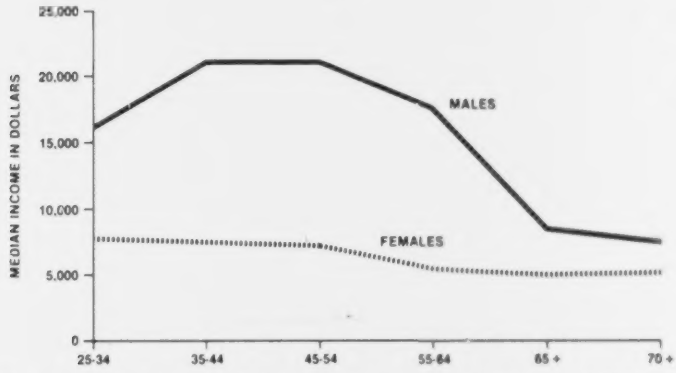
Lower incomes in the elderly population are associated with factors over which elderly persons themselves have little control: their sex and race, the health and survival of their spouses, and their own health and ability to continue to work at acceptable wages. Older people who work full time tend to have incomes similar to younger persons of the same race and sex. For many elderly who do not work, social security payments are vital.

In 1981, three-fourths of the elderly had incomes below $10,000 compared with about 42 percent of those aged 25 to 64 years. About a fourth of the younger group had incomes greater than $20,000, but only about 7 percent of the elderly had incomes greater than $20,000. Only 1 percent had incomes greater than $50,000, about half of whom were 65 to 69 years old (Chart 18).

Age and sex are significant factors in income level. For males, income tends to increase with age until about age 55, when significant numbers of individuals retire and a steady decline in income level begins. For example, the median income in 1981 of men aged 60 to 64 years was about three-fourths that of men 15 years younger ($15,000 versus $21,000) but almost double that of men aged 65 and over ($8,200).

Median income levels for women begin at lower levels than for males and start to decline at age 50. In 1981, elderly women had a median income of $4,800, compared with about $7,000 for those aged 25 to 64 years.

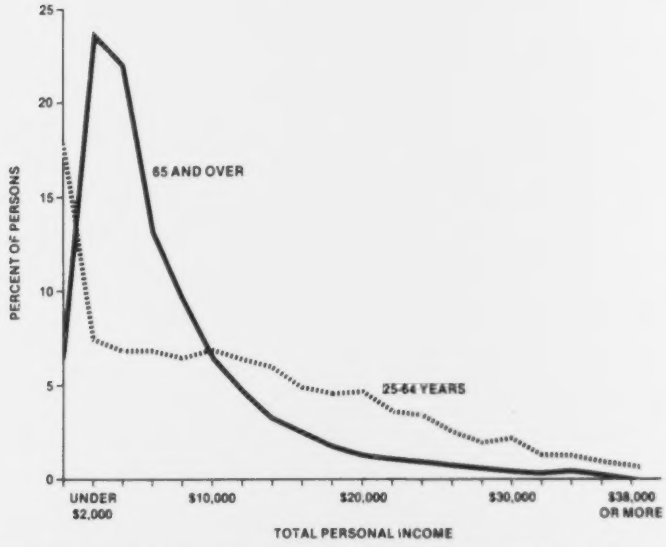
Chart 17
MEDIAN ANNUAL INCOME BY SEX AND AGE
1981



NOTE: Figures based upon income of all persons age 65 and over, whether or not they are part of the labor force. Income of females would be comparatively higher if only those who were part of the labor force were counted.

SOURCE: Bureau of the Census, Current Population Reports, Series P-60, No. 134, July, 1982.

Chart 18
INCOME DISTRIBUTION OF PERSONS
25 TO 64 YEARS AND 65 AND OVER
1981



NOTE: High concentration of persons in low income categories is due in part to individuals who report little or no income, but who are in households with an income earner.

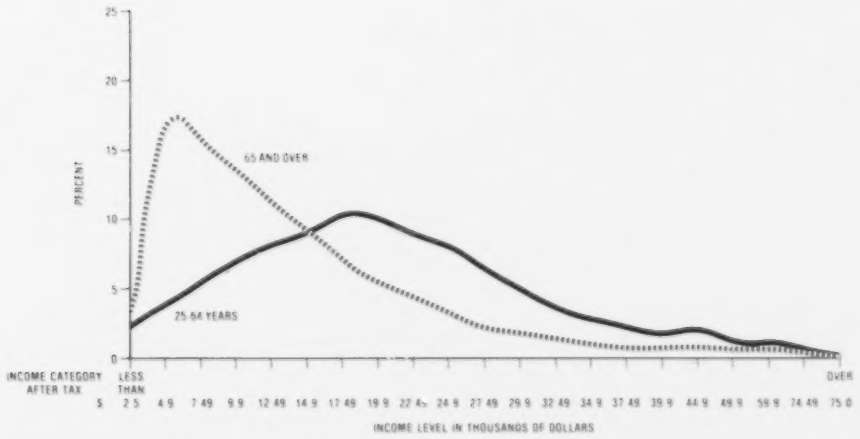
SOURCE: U.S. Bureau of the Census, Current Population Survey, unpublished, March 1982; compiled by the Inter-university Consortium for Political and Social Research, Michigan University.

TAX IMPACT ON INCOME

The impact of taxes on the incomes of all age groups is an unknown variable, although the U.S. Bureau of the Census estimated the effect of tax treatment on income by employing a simulation model of federal, state, payroll and property tax treatment. Because persons over the age of 65 have relatively low before-tax incomes and because social security benefits are presently not taxed, the elderly tend to pay less in taxes than younger persons. However, based on Census simulations, the median after-tax income of households in which the head was 65 years or older was only about 67 percent of the median after-tax income for all households.

Chart 19 graphically depicts the Census Bureau's after-tax income simulation for members of households headed by persons in two age groups: 25 to 64 years, and 65 years or older. This chart portrays the distribution of members of households by their household incomes which should not be confused with per-person income. This income distribution demonstrates that, based on estimates of the after-tax income of households, members of elderly households remain clustered at the low end of the income distribution, with significantly smaller numbers of elderly persons in the middle- and high-income ranges than persons aged 25 to 64.

Chart 19
DISTRIBUTION OF HOUSEHOLD MEMBERS BY AFTER-TAX HOUSEHOLD INCOMES PERSONS 25 TO 64 AND 65 AND OVER 1980



NOTE: Estimates of after tax income based on simulation model developed by the U.S. Bureau of the Census.

SOURCE: U.S. Bureau of the Census, estimating after-tax money income distributions using data from the March Current Population Survey, P-23, August 1983.

INCOME AND INFLATION

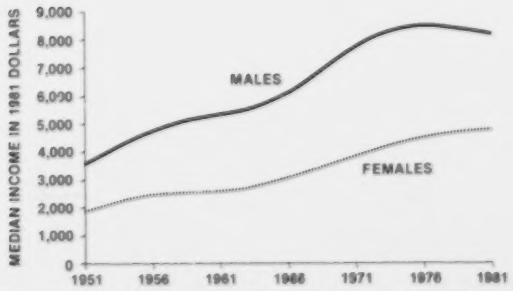
While the income levels of most elderly persons are low in an absolute sense, as well as in comparison to the younger adult population, in recent years inflation has not affected the elderly population as much as the younger population. For instance, real median incomes of the elderly remained about constant from 1980 to 1981, a reflection in part of the indexing of many sources of retirement income to the Consumer Price Index. Median income in constant dollars for the younger population, on the other hand, dropped a few percent between 1980 and 1981.

In 1972, a major "catchup" increase was enacted in social security benefits and as a result the median incomes of the elderly grew at about double the rate of those for younger populations over the last decade. Using constant 1981 dollars, the median income of elderly persons has increased substantially every decade since 1951. Chart 20 and Table 6 below show the trend for the elderly population as a whole and by sex.

Table 6
MEDIAN INCOME (IN CONSTANT 1981 DOLLARS) BY SEX OF PERSONS 65 YEARS AND OLDER 1951-1981

Year	Male		Female	
	In current dollars	In 1981 dollars	In current dollars	In 1981 dollars
1981	$8,173	$8,173	$4,757	$4,757
1976	5,293	8,456	2,816	4,483
1971	3,449	7,745	1,706	3,831
1966	2,162	6,059	1,085	3,041
1961	1,758	5,345	854	2,596
1956	1,421	4,755	738	2,470
1951	1,008	3,529	536	1,877

Chart 20
MEDIAN INCOME (IN CONSTANT 1981 DOLLARS) BY SEX OF PERSONS 65 YEARS AND OLDER 1951-1981



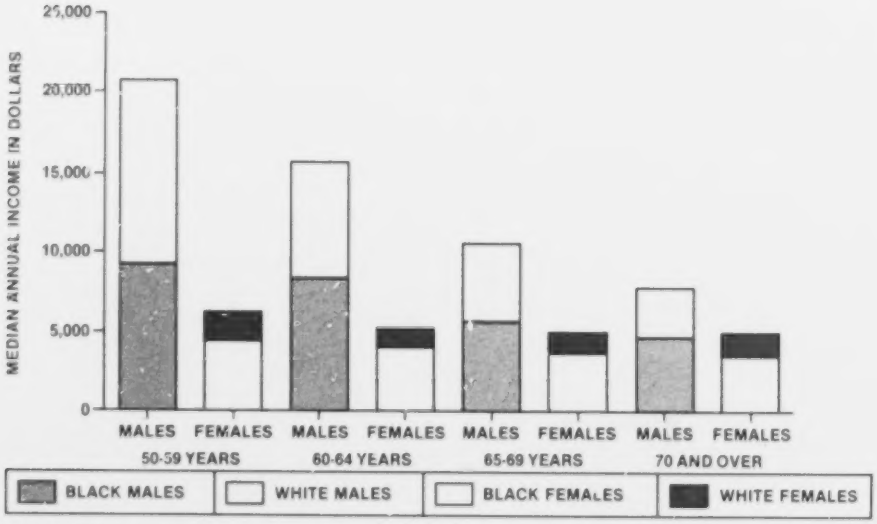
SOURCE: U.S. Bureau of the Census, Money Income of Households, Families and Persons in the United States: 1981, Current Population Report, Series P-60, No. 137, 1981 constant dollars computed.

INCOME DIFFERENCES BY AGE, RACE AND SEX

There are striking differences between the incomes of elderly men and women, and between elderly blacks and whites. Elderly white men tend to have the highest median incomes and black women the lowest (Chart 21). In 1981, white men age 65 and over had median incomes of about $8,600; white women, $4,900; black men, $4,900; and black women, $3,500. In 1981, four out of five black elderly women had incomes less than $5,000 compared with about half of white women and black men and a fifth of elderly white men.

Contrary to the stereotype of the older rich widow, only 86,000 women of all marital statuses had incomes over $50,000. Males are by far the most likely to be included in the small portion of wealthy older persons. Almost 9 percent of elderly white males had incomes greater than $30,000 in 1981 compared with 1 percent for white females and two-tenths of 1 percent for black females and males.

Chart 21
MEDIAN ANNUAL INCOME
PERSONS 65 YEARS AND OLDER BY AGE, RACE AND SEX
1981



SOURCE: U.S. Bureau of the Census, Current Population Survey, March 1982, unpublished.

INCOME OF FAMILIES AND INDIVIDUALS

INDIVIDUALS

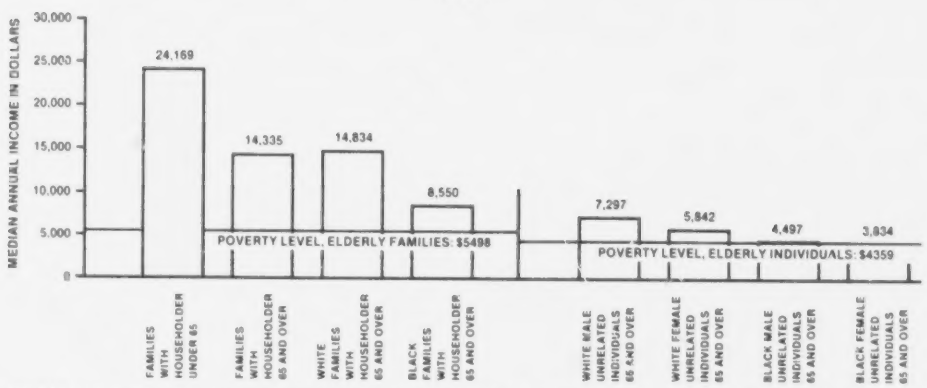
Elderly persons who live alone receive much less income than those who live as part of a family or as members of multi-person households. Much of the difference may be attributed to the average older age of persons living alone (income tends to be reduced with age), loss of a spouse and loss of income from work.

In 1981, there were 8.1 million elderly "unrelated individuals" (the U.S. Bureau of the Census term for persons who are not members of a family). Most of these persons lived alone and some lived with persons other than relatives. Since 1950, elderly unrelated individuals have had incomes equal to less than two-thirds of unrelated individuals of all ages. In 1981, elderly unrelated individuals had a median income of $5,771. The median income of those who lived alone was $5,134. Single women were the most likely to have the lowest incomes and to be poor.

Seventy-five percent of elderly unrelated individuals had incomes *less than* $10,000 in 1981 as compared to 70 percent of their counterparts under the age of 65 who had incomes *greater than* $10,000 in 1981. A fourth of all elderly persons who were not members of families had incomes under $4,000, another quarter between $4,000 and $6,000, and another fourth between $6,000 and $10,000. The remaining quarter had incomes greater than $10,000, with 6 percent having incomes greater than $20,000.

While the incomes of all elderly unrelated individuals are relatively low, the incomes of persons in this group who are black are considerably lower than those of their white counterparts (Chart 22). Black unrelated females are the poorest, with a median income well below the poverty line, $3,834.

Chart 22
MEDIAN INCOME OF FAMILIES AND INDIVIDUALS BY AGE AND RACE AND COMPARED TO POVERTY LEVELS 1981



SOURCE: U.S. Bureau of the Census, Money Income and Poverty Status of the Families and Persons in the United States: 1981, Current Population Reports, P-60, No. 134, July, 1981.

FAMILIES

In 1981, there were 9.4 million families maintained by a person 65 years or older. The relative position of elderly families has improved considerably since 1970 when they had a median income adjusted for size of about 77 percent of all families. The median income of elderly families in 1981 was $14,335, which was much lower than that of younger families. However, elderly families tend to be smaller than younger families and when family size is taken into account, the median income of the elderly family was about 90 percent of that of all families.

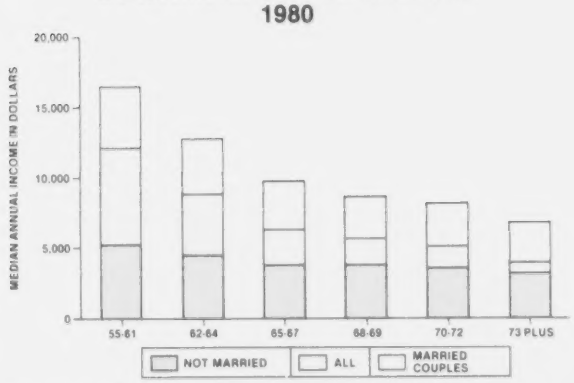
Even when family size is considered there are a substantial number of elderly families with low incomes as compared with younger families. In 1981, 3 out of 10 families maintained by an elderly person had incomes less than $10,000, 5 had incomes between $10,000 and $25,000, and 2 had incomes greater than $25,000.

Data from the Social Security Administration demonstrates that while elderly married couples have incomes approaching their sons and daughters, the picture is much bleaker for the divorced, widowed and persons not living in families. Chart 23 and Table 7 show the trend for the older population by marital status.

Table 7
MEDIAN ANNUAL INCOME BY MARITAL STATUS
JANUARY 1980

Age	All Persons	Married Couples	Persons Not Married
55-61	12,100	16,490	5,260
62-64	8,830	12,750	4,450
65-67	6,150	9,710	3,770
68-69	5,630	8,620	3,240
70-72	5,110	8,140	3,550
73 Plus	3,920	6,780	3,130

Chart 23
MEDIAN ANNUAL INCOME
BY MARITAL STATUS AND AGE
1980



SOURCE: Social Security Administration, Income and Resources of the Aged, No. 13-11727, January, 1980.

SOURCES OF INCOME

Social security benefits are the single largest source of money income for the elderly. These benefits reach 91.2 percent of the elderly population. Over half of this group depend on social security for over half their income, and a fifth receive 90 percent or more of their income from this source.[1]

HISTORICAL VIEW OF SOURCES OF INCOME

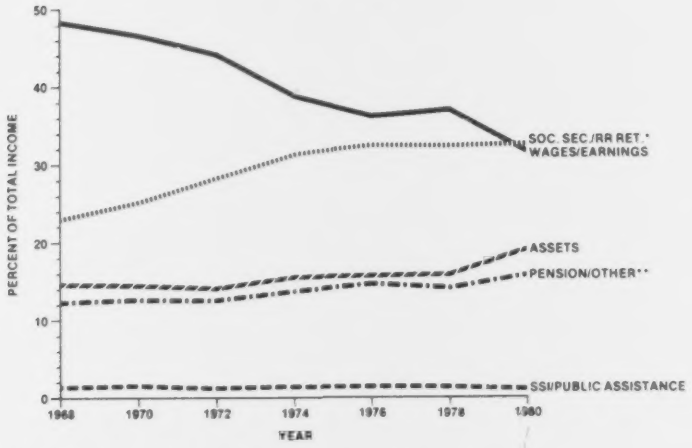
Families with a head 65 years or older have traditionally relied on wages and earnings for the greater portion of their incomes, although that portion of income contributed by wages steadily diminished over the 1968 to 1980 period to the point where social security is presently of at least equal significance. This trend is in part due to the decline in labor force participation rates and trend toward earlier retirement of elderly men. The importance of social security income is evident when compared to the relative contributions of other sources of income for families and unrelated individuals (Charts 24 and 25). This change is in part due to benefit increases in social security enacted during the 1970s and the fact that social security payments are tied to increases in the cost of living, keeping pace with inflation at a better rate than wages and earnings.

Wages and earnings contribute far less to the incomes of elderly unrelated individuals than to elderly persons in families, enhancing the predominate role of social security in providing adequate income to elderly persons living alone.

The portion of income provided from sources other than social security and wages has remained relatively constant since 1968. However, for unrelated individuals, income from Supplemental Security Income and public assistance declined considerably from 4.1 percent in 1968 to 2.5 percent in 1980.

Social security is particularly important as a source of income to elderly blacks (Chart 26). While 37 percent of money income to all elderly householders was from social security in 1981, it provided 47 percent of money income to elderly black householders. And, while it provided 46 percent of money income to all elderly persons living alone, it was responsible for 62 percent of money income to elderly blacks living alone.

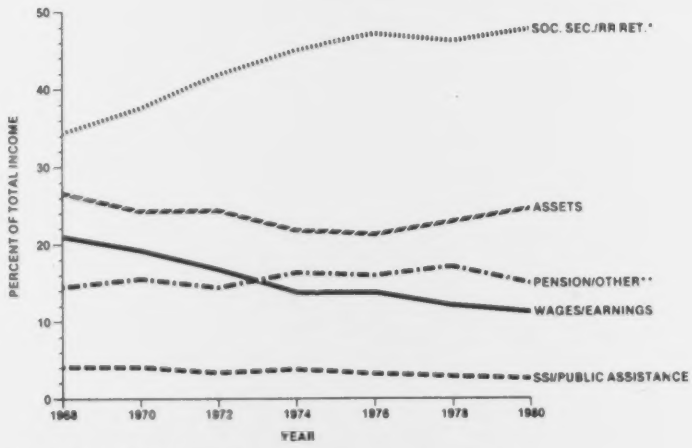
Chart 24
TRENDS IN SOURCES OF INCOME OF FAMILIES WITH HEAD 65 YEARS OR OLDER 1968-1980



*Social Security/Railroad Retirement
**Includes Veterans, Unemployment, Workers Compensation, Annuities, Alimony

SOURCE: U.S. Bureau of the Census, Current Population Surveys, unpublished. Prepared by Mary Pilote, Congressional Research Service.

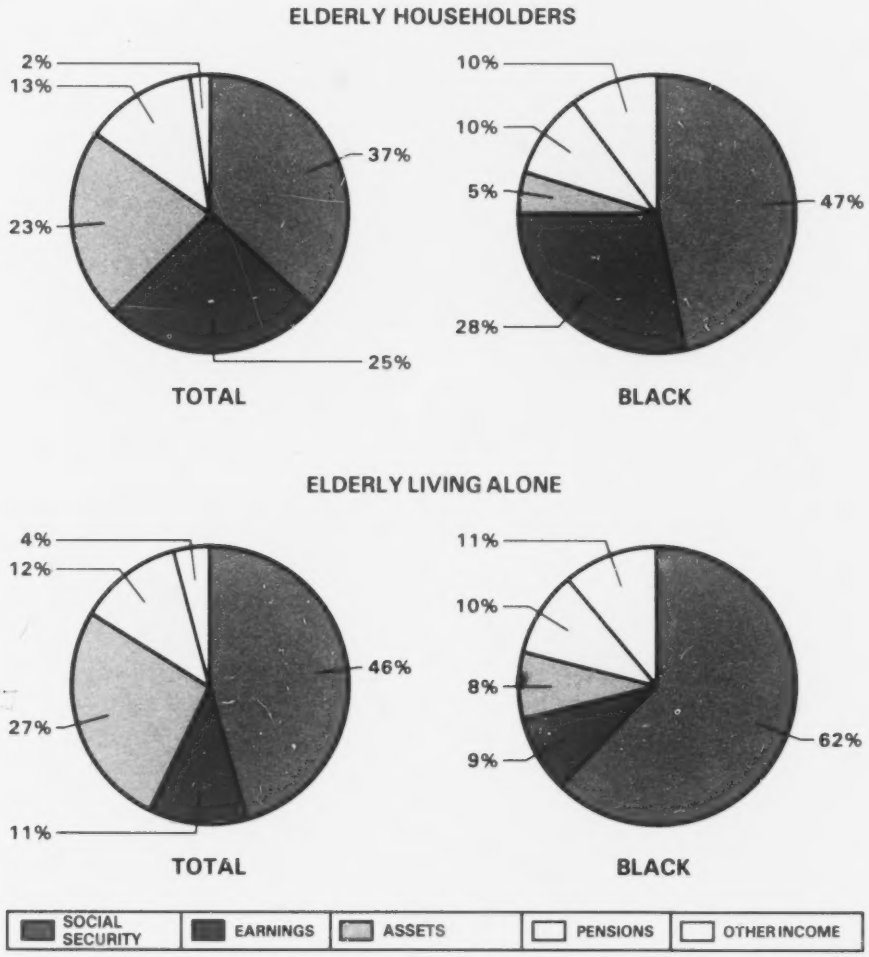
Chart 25
TRENDS IN SOURCES OF INCOME OF UNRELATED INDIVIDUALS 65 YEARS OR OLDER 1968-1980



*Social Security/Railroad Retirement
**Includes Veterans, Unemployment, Workers Compensation, Annuities, Alimony

SOURCE: U.S. Bureau of the Census, Current Population Surveys, unpublished. Prepared by Mary Pilote, Congressional Research Service.

Chart 26
SOURCES OF MONEY INCOME FOR HOUSEHOLDERS AND PERSONS LIVING ALONE TOTAL AND BLACK POPULATION PERSONS 65 YEARS AND OLDER 1981



SOURCE: U.S. Bureau of the Census, Current Population Survey, March, 1982, unpublished.

POVERTY

CASH INCOME

Many persons face poverty for the first time in their lives after they retire. In 1982, one out of seven elderly persons (14.6 percent or 3.751 billion) lived in poverty, the same proportion as in 1975 (Chart 27 and Tables 8 and 9).

This rate represents a significant improvement from 1970, when one out of four elderly persons lived in poverty, and from 1959, when more than a third had incomes below the poverty level. For the first time, in 1982, elderly persons had a lower poverty rate than younger persons (15 percent). However, while the elderly were slightly less likely to be poor, they were more likely to be near poor. Elderly persons had a *higher rate of poverty* than younger persons for 125 percent of poverty level (23.7 percent for persons age 65 or older as compared to 19.8 percent of persons under age 65) (Chart 28 and Table 9).

Poverty rates are high during older age, partly because of substantial reductions in income as a result of retirement and because of the likelihood of major expenditures for health care.

Poverty is disproportionately high among women and blacks (Chart 29). Elderly white men had a poverty rate of 8.3 percent in 1982, but elderly white women were twice as likely as their male counterparts to be in poverty (17.5 percent), elderly black men four times as likely (31.8 percent), and black women five times as likely (42.4 percent).

According to the latest data available (1981), of all poor persons 60 years and over, just over half lived in metropolitan areas and the remainder lived in small towns and rural areas. Aged black women in non-urban areas experienced disproportionately high rates of poverty. The poverty rate for elderly black females in nonmetropolitan areas was 60 percent in 1981.

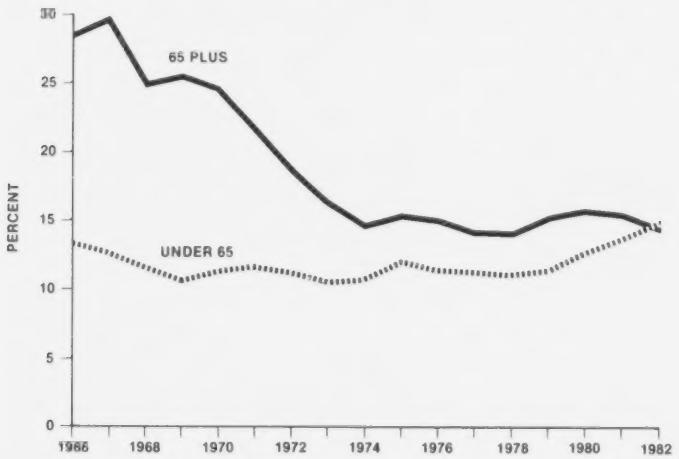
While a substantial number of elderly persons are poor, relatively few receive cash public assistance. Although over 1 in 7 elderly persons had an income below the poverty level in 1981, 49 percent received no cash public assistance (Chart 30).

Table 8
POVERTY RATES BY AGE, RACE AND SEX
MARCH 1983
(Numbers in Thousands)

	Total Persons All Ages	Below Poverty Level		Under Age 65			65 Years and Older		
					Below Poverty Level			Below Poverty Level	
		Number	Rate	Total	Number	Rate	Total	Number	Rate
All Persons	229,412	34,398	15.0%	203,674	30,647	15.0%	25,738	3,751	14.6%
White Persons	195,919	23,517	12.0	172,685	20,647	12.0	23,234	2,870	12.4
Black Persons	27,216	9,597	35.6	25,092	8,886	35.4	2,124	811	38.2
Persons of Spanish Origin	14,385	4,301	29.9	13,789	4,142	30.0	596	159	26.6
Males (All Races)	111,175	14,842	13.4	100,659	13,749	13.7	10,516	1,093	10.4
Females (All Races)	118,237	19,556	16.5	103,015	16,898	16.4	15,222	2,658	17.5
White Males	95,482	10,306	10.8	86,000	9,516	11.0	9,482	790	8.3
White Females	100,438	13,212	13.2	86,666	11,132	12.8	13,752	2,080	15.1
Black Males	12,666	3,975	31.4	11,821	3,707	31.4	845	268	31.8
Black Females	14,550	5,722	39.3	13,271	5,180	29.0	1,279	542	42.4
Spanish Males	6,991	1,990	28.5	6,746	1,942	28.8	245	48	19.7
Spanish Females	7,394	2,311	31.3	7,043	2,201	31.3	351	110	31.4

SOURCE: U.S. Bureau of the Census, Money Income and Poverty Status of Families and Persons in the United States: 1982 Current Population Reports, Series p. 60, No. 140.

Chart 27
POVERTY RATES OF PERSONS UNDER AGE 65 AND 65 YEARS AND OLDER
1966-1982



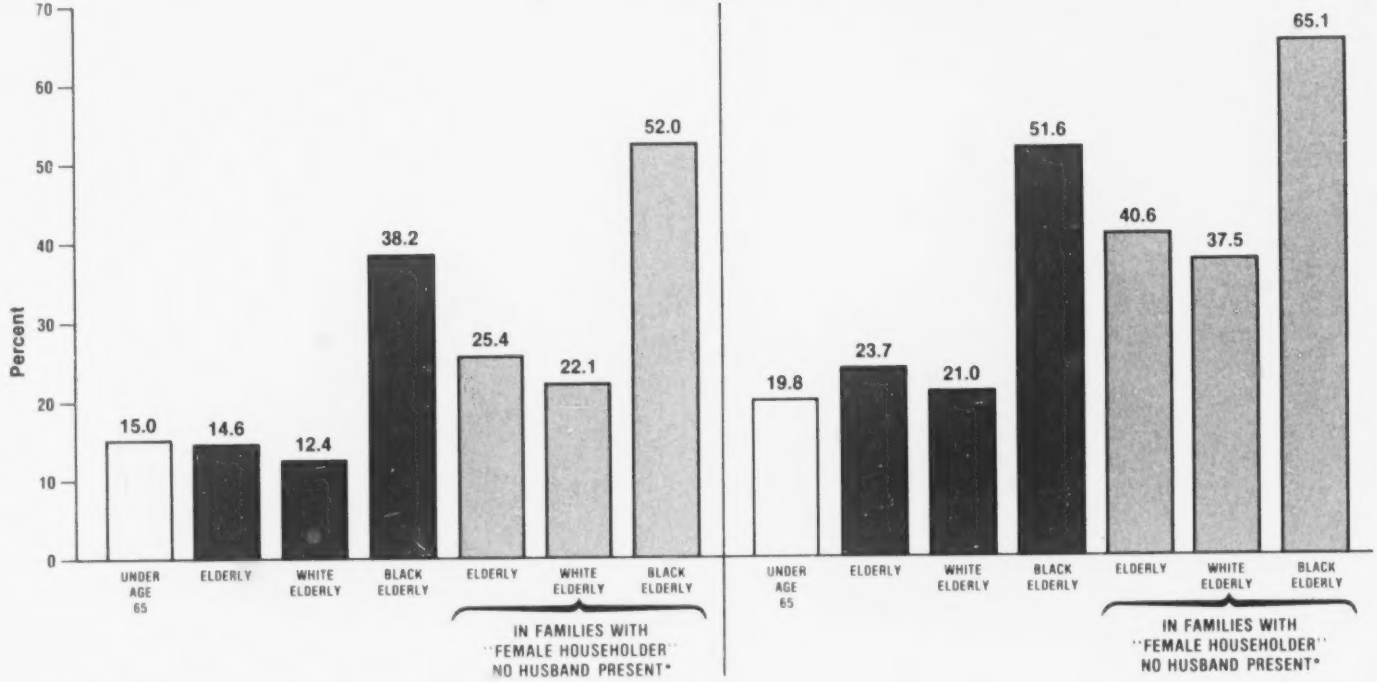
SOURCE: Bureau of the Census, March Current Population Survey.

Chart 28

PERSONS BELOW THE POVERTY LEVEL

1982

PERSONS BELOW 125 PERCENT OF THE POVERTY LEVEL



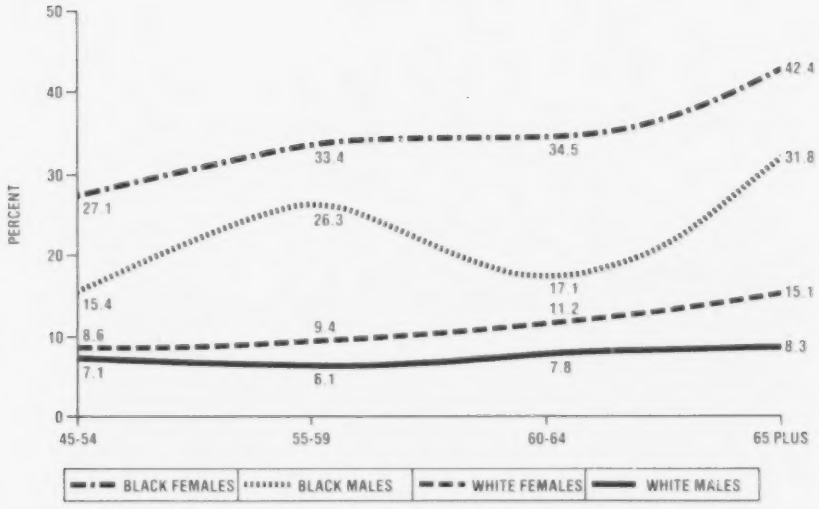
*includes female "unrelated individuals"

SOURCE: U.S. Bureau of the Census. Money Income and Poverty Status of Families and Persons in the United States: 1982. Current Population Reports, Series P-60, No. 140.

Table 9
PERSONS BELOW 125 PERCENT OF POVERTY LEVEL BY AGE, FAMILY STATUS AND RACE
1982
(Number in Thousands)

	Total Persons All Ages		65 Years and Older	
	Number	Rate	Number	Rate
All Races	46,520	20.3%	6,106	23.7%
White	33,071	16.9	4,889	21.0
Black	11,911	43.8	1,095	51.6
Spanish Origin	5,542	38.5	244	40.9
Persons in Families with Female Householder, No Husband Present				
All Races	20,289	44.9%	3,475	40.6%
White	12,338	37.7	2,852	37.5
Black	7,469	65.6	580	65.1
Spanish Origin	2,144	66.6	118	59.3

Chart 29
POVERTY RATE
OF PERSONS 45 YEARS AND OLDER BY AGE, RACE AND SEX
1982



SOURCE: U.S. Bureau of the Census, Money Income and Poverty Status of Families and Persons in the United States: 1982, Current Population Reports, Series P-60, No. 140.

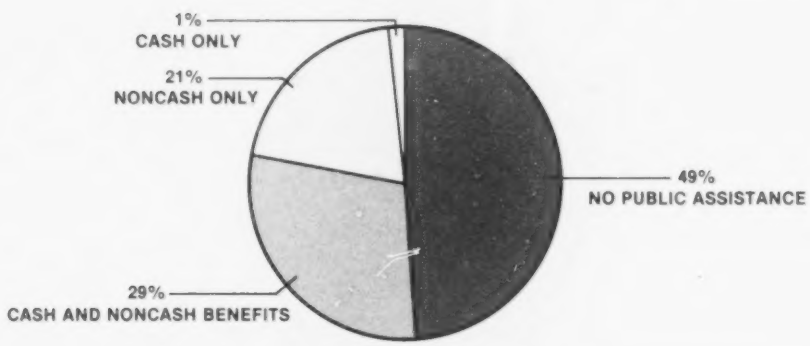
NONCASH BENEFITS

The current government definition of poverty is based on money income only and does not include the value of "in-kind public transfers" (noncash benefits including food stamps, publicly owned or subsidized housing, medicare and medicaid). If the value of in-kind food, housing and medical care transfers received by the low-income elderly population were regarded as money income, the poverty rate would change.

Estimating the value of noncash benefits is difficult and controversial. A recent study determined that the various methods used to value in-kind benefits resulted in a wide range of poverty rates depending on the methodology used and the type of benefits included.[4]

Almost half of all poor elderly receive no public assistance of any kind (Chart 30). In 1981, 1.1 million elderly households received food stamps. About 949,000 (5 percent) elderly households lived in Government-subsidized housing. About 2.5 million (14 percent) elderly households received medicaid benefits, and medicare covered at least one person in 16.8 million households.[5]

Chart 30
DISTRIBUTION OF CASH AND NONCASH PUBLIC ASSISTANCE AMONG HOUSEHOLDERS 65 YEARS AND OLDER AND WITH INCOME BELOW THE POVERTY LEVEL
1981



Note: Cash public assistance includes the following means tested programs: SSI, AFDC or other cash assistance, such as general assistance, emergency assistance or refugee assistance. Noncash public assistance includes the following means tested programs: food stamps, free or reduced price school lunches, publicly owned or other subsidized housing, medicaid.

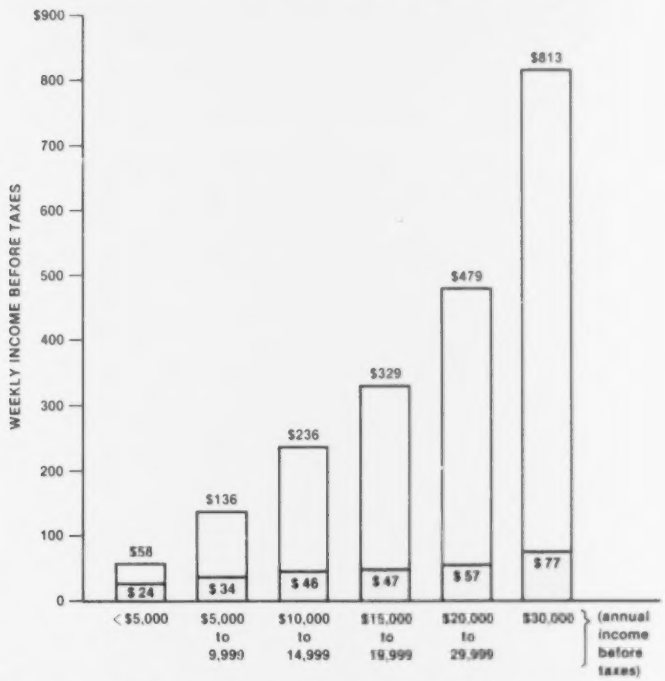
SOURCE: U.S. Bureau of the Census, unpublished, reported in U.S. Senate Special Committee on Aging, Developments in Aging: 1982

CONSUMER EXPENSES

The latest Consumer Expenditure Diary, conducted by the U.S. Bureau of Labor Statistics, highlighted the burden the high cost of energy is placing on the consumer budgets of the elderly. At the time of the previous survey, conducted over a two year period from 1972 to 1973, elderly participants spent an average of 57.5 percent of their household expenses on food, 23.3 percent on energy and 19.2 percent on other personal and household goods (exclusive of costs for health care, housing etc.). By the time of the most recent survey, conducted from 1980 to 1981, the average proportion of household expenses devoted to food had dropped to 49.6 percent and expenses for energy had increased to 23.2 percent while other household goods took up the remaining 17.2 percent of the household budget.

While the cost of energy has eaten into the food budgets of the elderly, increases in the cost of food have placed a significant strain on the budgets of low-income elderly. The substantial number of elderly with incomes below $5000 (elderly women had a median income in 1981 of $4,800) spend 42 percent ($24 out of $58) of their weekly income on food (Chart 31).

Chart 31
AMOUNT OF WEEKLY INCOME SPENT ON FOOD BY INCOME CATEGORY FOR URBAN CONSUMER UNITS WITH HOUSEHOLDER 65 YEARS OR OLDER



SOURCE: Bureau of Labor Statistics, Consumer Expenditure Survey: Diary, Washington, D.C., 1981.

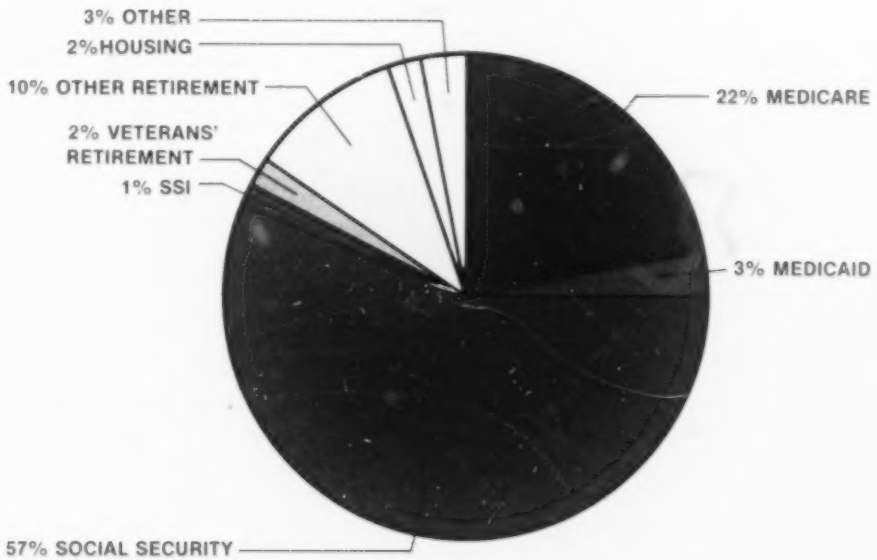
FEDERAL OUTLAYS BENEFITING THE ELDERLY

The size of program expenditures for the elderly is a measure of the priority placed upon the welfare of older Americans by the Congress. According to current estimates made by the Office of Management and Budget, between 25 and 30 percent of the total Federal budget is now spent on programs directly helping the elderly (Chart 32).

By far the largest single Federal program is the cash benefit program of social security, accounting for nearly 60 percent of Federal outlays for the elderly. This is a reflection of the fact that Federal mechanisms have replaced families as the vehicle for money transfers to the elderly while younger dependents are served primarily through intrafamily transfers.

The social security system is essentially self-financed out of payroll taxes paid by workers and employers. If social security were excluded from the unified budget as it was in fiscal year 1969, on-budget expenditures for the elderly would be less than half of what they now appear to be.

Chart 32
FEDERAL OUTLAYS BENEFITING THE ELDERLY
FISCAL YEAR 1982



SOURCE: Executive Office of the President, Office of Management and Budget, 1983.

SECTION THREE: EMPLOYMENT

LIFECYCLE DISTRIBUTION OF EDUCATION, LABOR FORCE PARTICIPATION, RETIREMENT AND WORK IN THE HOME

This century has seen dramatic changes in how an individual distributes his time among major life activities such as education, work, retirement and leisure. Increased longevity and changing social and work patterns mean children are spending more time in school, both men and women in the middle years are spending more time in work, and older people are spending more time in retirement.

Retirement is no longer a luxury, it is now an institution—as much an expected part of a life course as family, school or work. The portion of life spent in retirement has increased substantially since the beginning of this century (Chart 33). In 1900, the average male had a life-span of 46.3 years. An average of 1.2 years, 3 percent of his lifespan, was spent in retirement. By 1980, the average male had a life-span of 69.3 years and was spending 13.8 years, or 20 percent of his lifespan, in retirement.

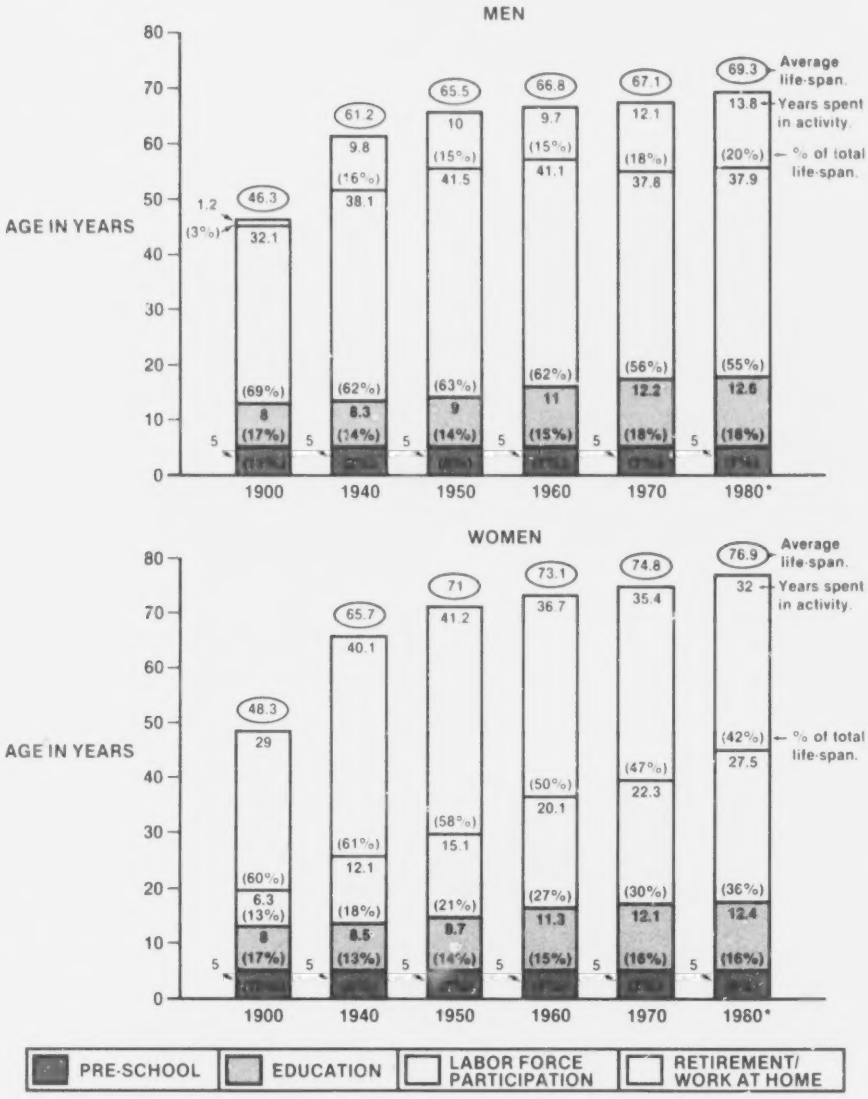
In 1980, males averaged over five more years in the labor force than in 1900. However, a smaller portion of their lifecycle was spent in the labor force, 55 percent, than in 1900 when they spent 69 percent of their lifespans working.

The number of years spent in school also increased for males from an average of 8 years to 12.6 years from 1900 to 1980. However, the proportion of time devoted to education only increased from 17 percent to 18 percent.

Changes in distribution patterns of major life activities are similar for women (Chart 33). As more women have entered the labor force, a dramatic increase has taken place in the portion of time spent in work outside the home. Since 1900, the average number of years spent in the labor force increased from 6.3 to 27.5 years and from 13 percent of the lifespan to 36 percent. However, one caveat must be mentioned: the data for labor force participation of women is necessarily skewed by the fact that, historically, women have worked within the home and have tended to go in and out of the labor force.

Chart 33

LIFECYCLE DISTRIBUTION OF EDUCATION, LABOR FORCE PARTICIPATION, RETIREMENT AND WORK IN THE HOME 1900-1980



Divisions represent number of years and % of total life-span spent primarily in these activities.

NOTE: Data for 1980 is based on 1977 work life estimates

SOURCE: Formal education for 1940 to 1970 compiled from "Median School Years Completed", *Bicentennial Edition-Historical Statistics of the United States*, pp. 380; for 1900 from Best, F., *Work Sharing: Issues, Policy Options and Prospects*, Upjohn Institute for Employment Research, Kalamazoo, Michigan, 1981, pp. 8; for 1980, Bureau of the Census. Worklife estimates from Smith, Shirley; New Work Life Estimates, *Bureau of Labor Statistics Bulletin* 2157, November, 1982. Life expectancy from Bureau of the Census.

LABOR FORCE PARTICIPATION

The labor force participation of men and women drops rapidly with increasing age (Table 10).[a] In 1982, 70.7 percent of 55 to 64 year old males were in the labor force and 42.1 percent of 55 to 64 year old women. However, for persons 65 years or older, these figures dropped to 17.6 percent for men and 7.7 percent for women.

The labor force participation of elderly men has dropped rapidly over the last 30 years (Chart 34). In 1950, almost half of all elderly men were in the labor force; by 1960, only a third were working or looking for work; by 1970, only a fourth; and, by 1980, less than a fifth (Chart 34). These decreases are due in part to an increase in early volunteer retirement and a decrease in self-employment.

The labor force participation of elderly women has not varied as greatly as that of men. In 1950, about 10 percent of elderly women worked, and, by 1980, the percentage had dropped to only 8 percent. Women between the ages of 55 and 64 have increasingly joined the labor force. In 1950, only 27 percent of these women worked, but by 1981 the proportion had risen to 41 percent.

Table 10
LABOR FORCE PARTICIPATION AND UNEMPLOYMENT RATES BY AGE AND SEX NOVEMBER 1982[1] (In Thousands)

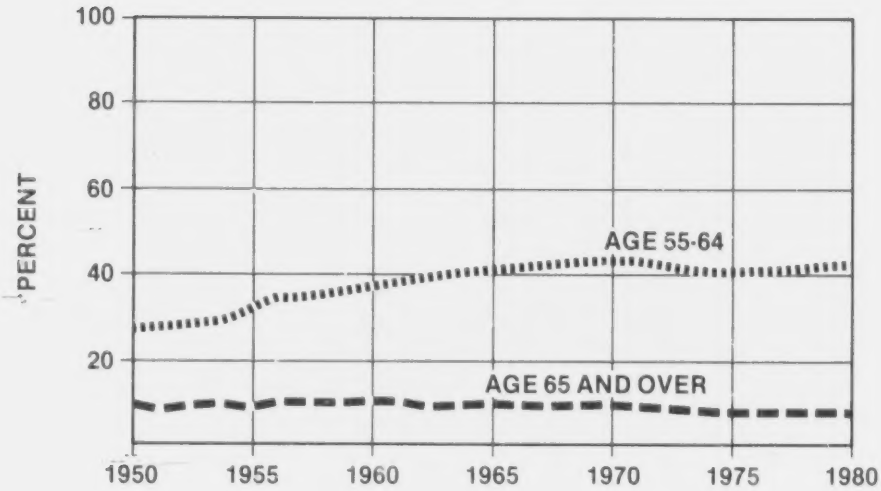
	55 to 64 years old			65 or more years old		
	Total	Male	Female	Total	Male	Female
Seasonally adjusted:						
Civilian labor force	12,168	7,234	4,935	3,011	1,838	1,174
Labor force participation rate (percent)	55.4	70.7	42.1	11.8	17.6	7.7
Number unemployed	724	470	254	142	97	46
Unemployment rate (percent)	6.0	6.5	5.1	4.7	5.3	3.9
Number employed	11,444	6,763	4,681	2,869	1,741	1,128
Not seasonally adjusted:						
Number employed	11,481	6,777	4,704	2,920	1,767	1,153
Employed part time:						
For economic reasons	652	339	312	181	100	82
As a matter of choice	1,445	345	1,099	1,392	754	638
Employed full time	9,385	6,093	3,292	1,347	913	4,333
Number unemployed	670	397	273	131	87	44
Duration of unemployment:						
Less than 5 weeks	204	123	80	59	38	21
5 to 14 weeks	158	87	71	21	10	11
15 to 26 weeks	143	87	56	25	23	2
27 or more weeks	166	99	66	26	16	10
Average (mean) duration (in weeks)	20.9	21.6	19.9	15.6	16.9	13.1
Median duration (in weeks)	12.9	13.0	12.8	7.4	8.1	7.1

[1]The U.S. labor force includes workers who are employed and actively seeking employment. The participation rate is the percentage of individuals in a given group (e.g., age group) who are in the labor force.

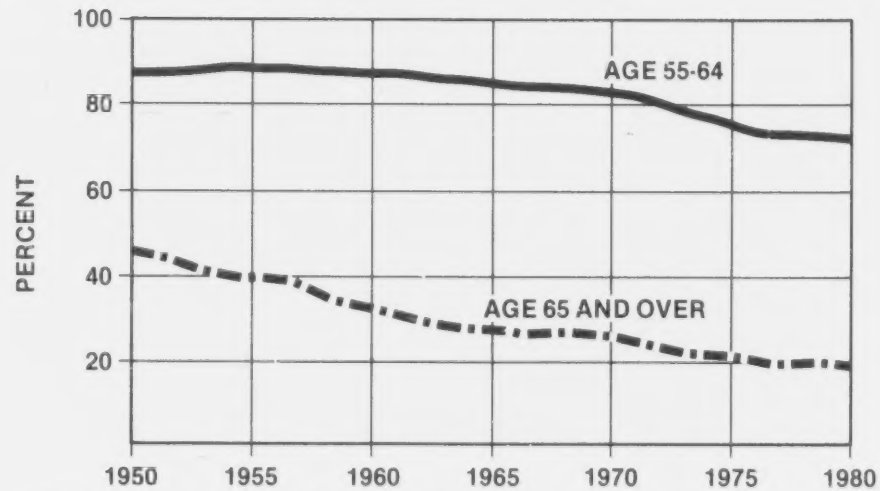
SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey.

Chart 34

LABOR FORCE PARTICIPATION OF WOMEN
AGED 55-64 AND 65 AND OVER
1950-1980



LABOR FORCE PARTICIPATION OF MEN
AGED 55-64 AND 65 AND OVER
1950-1980

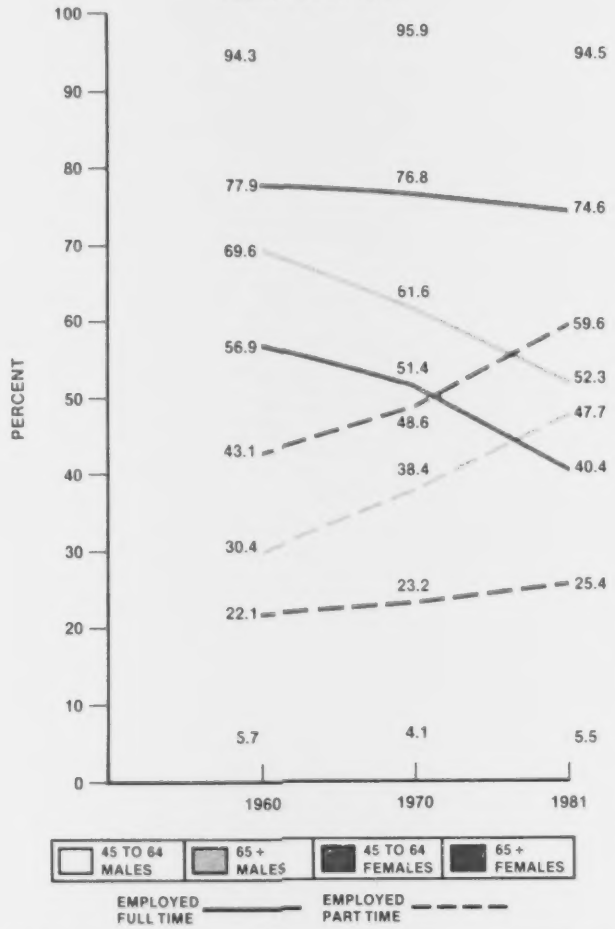


SOURCE: U.S. Bureau of the Census and U.S. Bureau of Labor Statistics reported in U.S. Senate Special Committee on Aging, Developments in Aging: 1982, Volume One.

PART-TIME EMPLOYMENT

Part-time work is an increasingly important economic resource for the elderly. Today, close to 50 percent of elderly men and 60 percent of elderly women who work are part-time employees (Chart 35). For both men and women, the proportion of workers on part-time schedules increases with age. This trend has become increasingly more dramatic in the last two decades. For instance, in 1960, 5.7 percent of males 45 to 64 were employed part-time while 30.4 percent of males over 65 years were on part-time schedules. Corresponding percentages for 1970 were 4.1 and 38.4. By 1981, 5.5 percent of male workers 45 to 64 worked part-time as compared to 47.7 percent of elderly male workers.

Chart 35
PERCENT OF OLDER WORKERS ON FULL AND PART-TIME SCHEDULES
1960, 1970, 1981

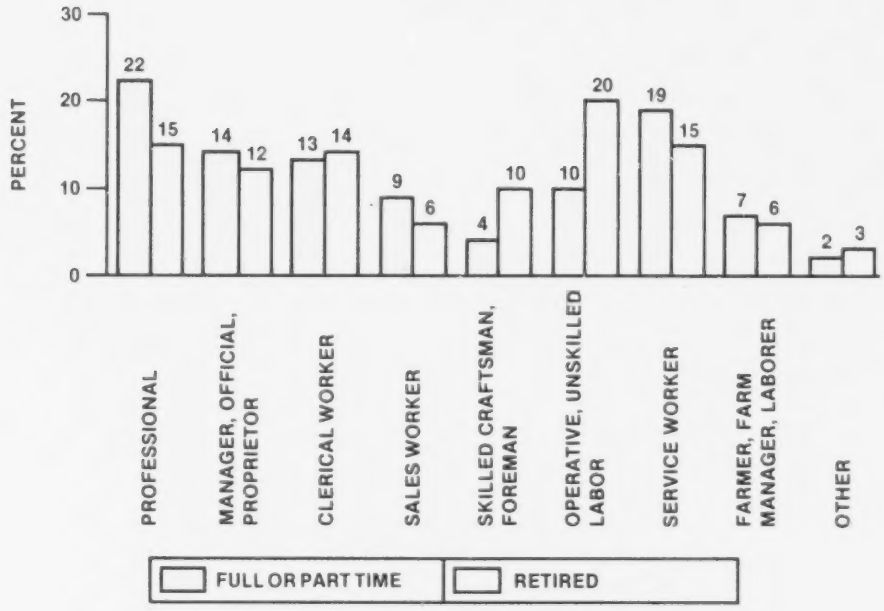


SOURCE: U.S. Department of Labor, Bureau of Labor Statistics. Employment and Earnings for January 1982, January 1971, and January 1961.

OCCUPATION OF EMPLOYED AND RETIRED

The occupational status of employed and retired/part-time workers 65 years and older reflects a shift in the United States toward a more service-oriented economy (Chart 36). A 1981 National Council on Aging survey found that 63 percent of elderly workers were employed in clerical, sales, service-sector or professional jobs, as compared to 45 percent in 1974, when the first NCOA survey was conducted.

Chart 36
OCCUPATION OF EMPLOYED AND RETIRED PERSONS
65 YEARS AND OLDER
1981



SOURCE: National Council on Aging, Lou Harris, *Aging in the 80's: America in Transition*, November, 1981.

SECTION FOUR: HEALTH

SELF-ASSESSMENT OF HEALTH

An individual's evaluation of his or her own health is often the most important assessment of personal health status.[1] The majority of older Americans assess their health favorably, even though they may have a physical limitation.[2]

According to the 1981 National Health Interview Survey, conducted by the National Center for Health Statistics, 8 of 10 elderly persons describe their own health as good or excellent when asked to compare their health with others of their own age. Only 8 percent describe their health as comparably poor.

The majority of Americans of all ages also agree that elderly Americans are healthier today than they were ten or 20 years ago. This perception generally increases with age. However, the proportion of people assessing their own health as fair or poor rather than good or excellent also increases with age (Chart 37).

According to results of the National Health Interview Surveys, a number of important variables affect the elderly's self-perception of health. Chart 38 depicts the impact of income on self-perception of health.

Self-perception of health varies dramatically with income. In 1981, 42 percent of elderly persons with incomes of $25,000 or more rated their health as excellent in comparison with people their age, while only 23 percent of persons with incomes of $7,000 or less did the same.

Sex, race, marital status, education and employment also influence self-perception of health:

After age 65, there is a tendency for women to report their health more positively than males; older whites tend to report more favorable health than older blacks; older persons who have never married report better health than those who are married, divorced, widowed or separated; persons 65 years or older with higher education are more likely to view their health favorably than those with less education; and older persons who are currently employed report the most favorable health status of all older persons falling in other employment categories.

Chart 37
SELF ASSESSMENT OF HEALTH BY SEX AND AGE
1981

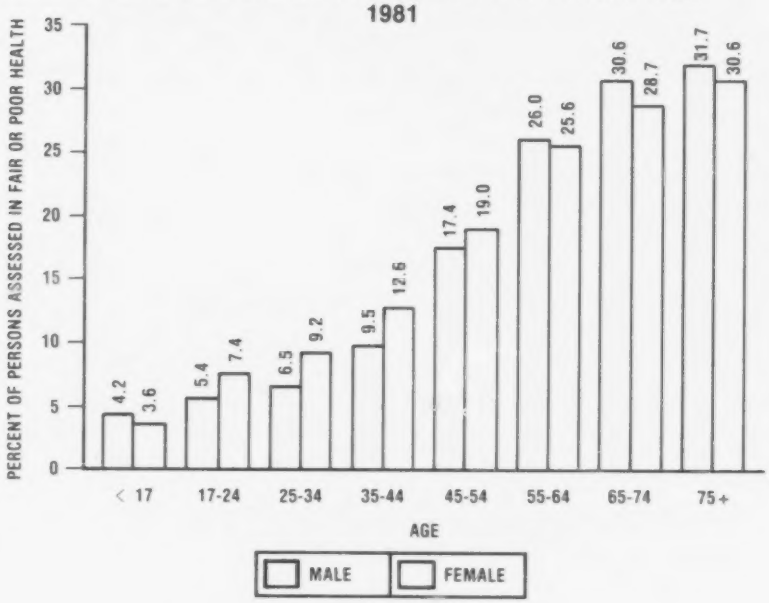
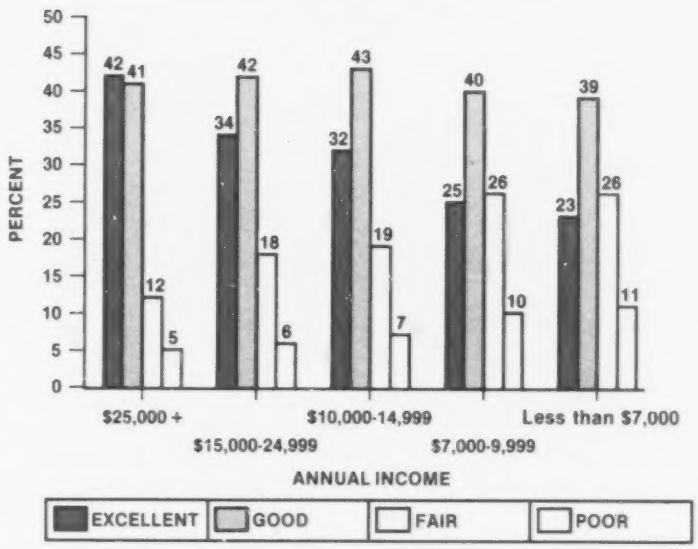


Chart 38
SELF-ASSESSMENT OF HEALTH BY INCOME RANGE
PERSONS 65 YEARS AND OLDER
1981



SOURCE: National Center for Health Statistics, 1981 Health Interview Survey, unpublished.

DEATH RATES

Death rates for both men and women fell considerably over the last four decades. Key reasons for this decrease are: elimination of infectious childhood disease, improved health care and nutrition, and reduction in child-bearing mortality (Chart 39). The mortality rate for men is greater than for women at all age groups over 65 years of age.

From 1940 to 1980, the death rates for the elderly decreased by 27 percent to 53 deaths per 1,000 in the population. Some of the change in mortality for elderly persons is obscured by the aging of the elderly population. Analysis of trends in mortality is enhanced by examining age-adjusted death rates which are relatively free from the distortions associated with a changing age composition. The age-adjusted death rate for the elderly decreased by 38 percent, 26 percent for males and 48 percent for females, from 1940 to 1980.

Chart 39
AGE ADJUSTED MORTALITY RATES FOR POPULATION 65 YEARS AND OLDER 1940-1980

SOURCE: National Center for Health Statistics, unpublished tabulations, compiled by Lois Fingerhut

CAUSES OF DEATH

Today, in the United States, 3 out of 4 persons 65 years or older die from heart disease, cancer and stroke alone. Heart disease is the number one cause of death for all age groups—including the elderly—far outranking any other cause of death. However, over the last decade deaths due to cardiovascular diseases and stroke decreased, while those due to cancer (malignant neoplasms) increased. Hypothetically, if heart disease were eliminated, an estimated 11.8 years would be added to life expectancy at birth and 11.4 years at age 65.[4] The elimination of cancer would add 2.5 years at birth and 1.4 years at age 65. It is expected that death rates due to these causes will be reduced over the next several decades due to the amount of research being carried out on these two major illnesses.

Chart 40 shows the 15 leading causes of death for persons 65 to 74, 75 to 84, and 85 years or older in 1980. It should be noted that data for causes of death is based on information taken from death certificates; frequently, underlying causes are not listed, but a secondary illness such as pneumonia will be recorded instead.

Chart 40
FIFTEEN LEADING CAUSES OF DEATH BY AGE GROUP
1980

65-74
75-84
85 PLUS
1. Heart Disease (40.6%) | Heart Disease (44.7%) | Heart Disease (48.5%)
2. Cancer (Malignant Neoplasms) (27.3%) | Cancer (Malignant Neoplasms) (18.4%) | Cerebrovascular Disease (14.3%)
3. Cerebrovascular Disease (7.3%) | Cerebrovascular Disease (11.8%) | Cancer (Malignant Neoplasms) (10%)
4. Chronic Obstructive Pulmonary Disease and Related Conditions (4.3%) | Chronic Obstructive Pulmonary Disease and Related Conditions (3.4%) | Pneumonia and Influenza (5.5%)
5. Diabetes (2.2%) | Pneumonia and Influenza (3.3%) | Atherosclerosis (4.1%)
6. Accidents (1.9%) | Diabetes (2%) | Accidents (1.8%)
7. Pneumonia and Influenza (1.9%) | Atherosclerosis (1.9%) | Chronic Obstructive Pulmonary Disease and Related Conditions (1.7%)
8. Chronic Liver Disease and Cirrhosis (1.4%) | Accidents (1.8%) | Diabetes (1.4%)
9. Nephritis, Nephrotic Syndrome and Nephrosis (.8%) | Nephritis, Nephrotic Syndrome and Nephrosis (1%) | Nephritis, Nephrotic Syndrome and Nephrosis (1%)
10. Atherosclerosis (.8%) | Flu (Septicemia) (.5%) | Hypertension (.6%)
11. Suicide (.6%) | Hypertension (.5%) | Flu (Septicemia) (.5%)
12. Flu (Septicemia) (.5%) | Chronic Liver Disease and Cirrhosis (.5%) | Hernias and Intestinal Obstructions (.4%)
13. Hypertension (.4%) | Ulcers (Stomach and Duodenum) (.4%) | Ulcers (.3%)
14. Benign Neoplasms (.3%) | Hernia and Intestinal Obstructions (.3%) | Nutritional Deficiencies (.3%)
15. Ulcers (Stomach and Duodenum) (.3%) | Benign Neoplasms (.3%) | Gallbladder Disorders (.3%)
All other causes (9.3%) | All other causes (9.4%) | All other causes (8.9%)

SOURCE: National Center for Health Statistics: Advance report, final mortality statistics, 1980. *Monthly Vital Statistics Report*, Vol. 32, No. 4, Supplement DHHS Pub. No. (PHS) 83-1120. Public Health Service, Hyattsville, Md., August 1983.

THE RECTANGULAR SURVIVAL CURVE

The last decade has seen significant increases in life expectancy at the later ages and a corresponding debate over what these increases mean for the health status of older persons and the potential for future increases in life expectancy. Unfortunately, currently we don't possess the longitudinal data to sort out the details of these inter-relationships.

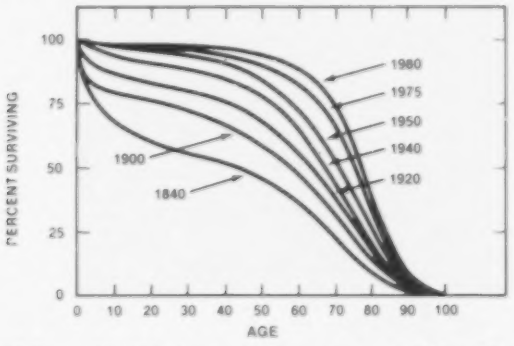
A number of authors have posed theories to try to explain the emerging patterns. One popular theory has been proposed by Fries (1980) who combined the concept of survival curve rectangularization (originally proposed by Alex Comfort) with the concept of natural death to argue that there was potential for compressing the proportion of life-span spent in morbid or disabled states (Chart 41).[5]

Although a useful theoretical model of an *ideal* health state of the elderly population, considerable criticism has arisen over the validity of some of the premises on which the Fries argument has been made, specifically, the concept of "natural death" and the possibility of compressing morbidity. Edward L. Schneider and Jacob A. Brody conclude their critique of Fries's theory in the *New England Journal of Medicine* with this statement: "We write this article in hope that Fries's seductive predictions will not be used for health care planning and policy decisions, and that valuable resources will not be diverted from programs directed at the prevention and treatment of chronic diseases."[6]

Fries's perspective is one of several with different implications for health policy. For example, several authors (Kramer, McKinley and McKinley) have a very different perspective on the impact of increased life expectancy. They point out that people are living longer today after the onset of chronic morbidity and disability than they did in the past. Consequently, this would suggest an increasing prevalence of chronic disease at later ages with an ensuing increased demand for health care services.

The difference of opinion among the "experts" in this area suggests the need for a very cautious approach to health policy formulation.

Chart 41
THE INCREASINGLY RECTANGULAR SURVIVAL CURVE



SOURCE: U.S. Bureau of Health Statistics, in V.F. Fries and Lawrence M. Crapo, *Vitality and Aging*, W.H. Freeman and Co., 1981.

CHRONIC CONDITIONS

Chronic conditions are problems of aging. They are relatively rare in younger age groups, but by middle age, they account for the majority of disabilities.

This pattern of chronic morbidity has changed in the past 80 years. At the turn-of-the-century acute conditions predominated. But today, chronic conditions account for over half of the country's disability days for the elderly population.

Chronic conditions are responsible for a large portion of the nation's expenditures for health. However, most older persons are able to live independently in spite of these conditions. According to the 1981 data from the National Center for Health Statistic's National Health Interview Survey, about 18 percent of older persons report that they can no longer carry on normal activities because of chronic conditions. Although the need for help with basic activities of daily living (such as bathing, toileting, dressing, and eating) increases with advancing age, the vast majority of individuals continue to be able to perform these activities of daily living independently.

For the 1981 population of men and women age 65 and over, the leading chronic conditions were arthritis and hypertensive disease (Table 11 and Chart 42).

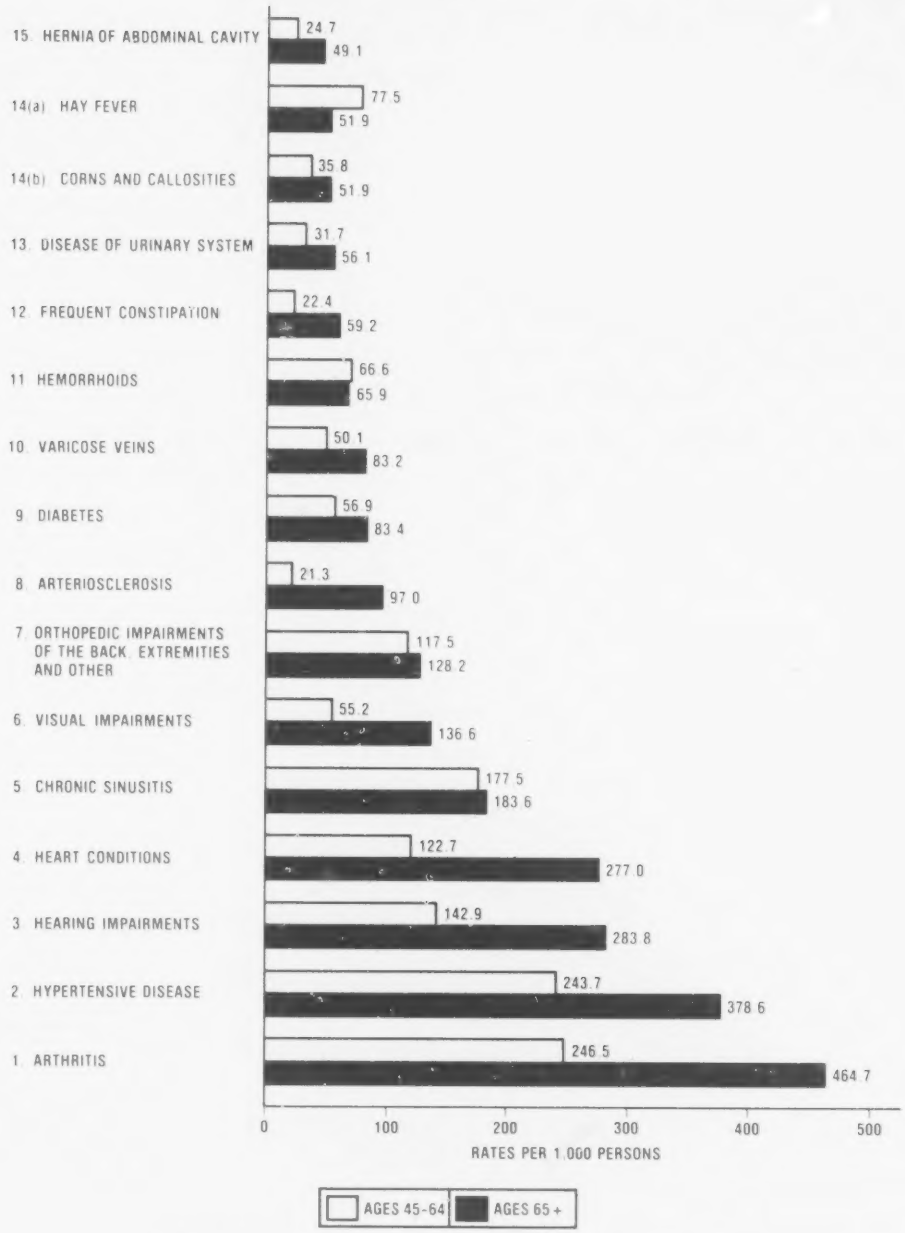
Many elderly people are hospitalized for chronic conditions rather than illnesses leading to death. Digestive problems, circulatory problems and neoplasms are leading causes of hospitalizations among the elderly. Most visits to physicians by older persons are for conditions such as circulatory problems, arthritis and respiratory ailments.

Table 11
PREVALENCE OF TOP CHRONIC CONDITIONS
PERSONS 65 YEARS AND OLDER
1981

Condition	Total Conditions For all Persons	Total for Persons 65 Years and Older	Rate per 1000 Persons		
			Age 17-44	45-64	65 Plus
Arthritis	27,238,293	11,547,689	47.7	246.5	264.7
Hypertensive Disease	25,523,526	9,406,958	54.2	243.7	378.0
Hearing Impairments	18,665,650	7,051,238	43.8	142.9	283.8
Heart Conditions	17,186,106	6,883,416	37.9	122.7	277.0
Chronic Sinusitis	31,036,480	4,562,037	158.4	177.5	183.6
Visual Impairments	9,083,717	3,395,397	27.4	55.2	136.6
Orthopedic Impairments*	18,416,051	3,185,565	90.5	117.5	128.2
Arteriosclerosis	3,398,230	2,410,125	.5	21.3	97.0
Diabetes	5,499,737	2,073,037	8.6	56.9	83.4
Varicose Veins	6,129,874	2,067,311	19.0	50.1	83.2
Hemorrhoids	8,848,365	1,637,487	43.7	66.6	65.9
Frequent Constipation	3,599,159	1,471,915	9.2	22.4	59.2
Disease of Urinary System	5,689,273	1,395,187	25.8	31.7	56.1
Hay Fever	17,873,906	1,290,449	100.2	77.5	51.9
Corns and Callosities	4,289,880	1,289,933	14.0	35.8	51.9
Hernia of Abdominal Cavity	3,697,855	1,220,156	8.9	33.1	49.1

SOURCE: National Center for Health Statistics, Division of Health Interview Statistics, unpublished

Chart 42
PREVALENCE OF TOP CHRONIC CONDITIONS
PERSONS 65 YEARS AND OLDER
1981

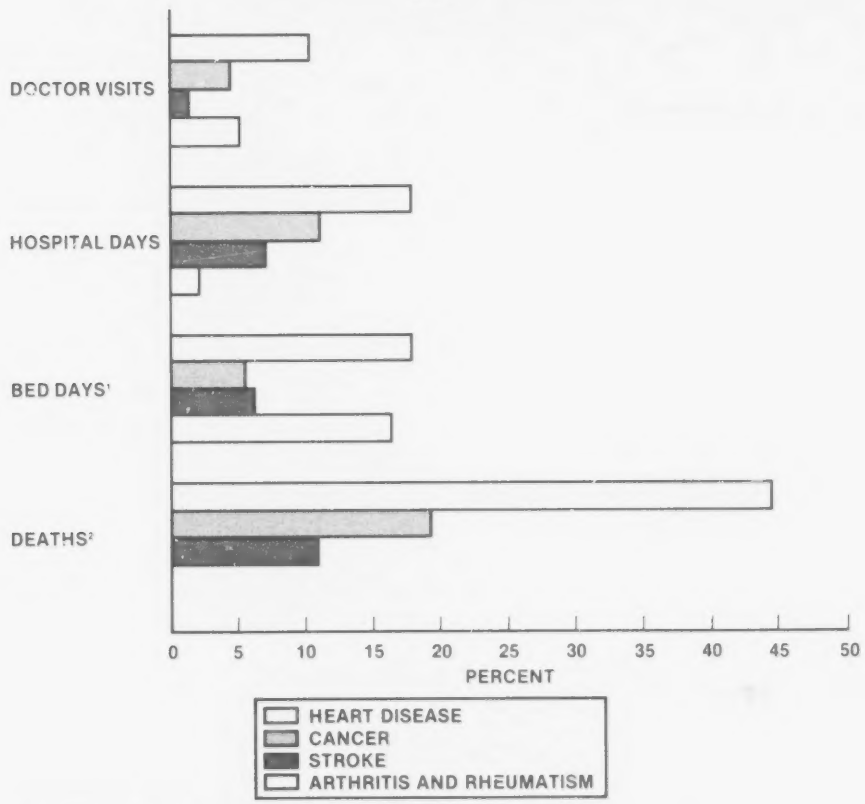


SOURCE: National Center for Health Statistics, Division of Health Interview Statistics.

BURDEN OF ILLNESS OF LEADING CONDITIONS

Heart disease leads all other conditions in each of four major indices of health, accounting for 10 percent of all doctors visits, 18 percent of all short-stay hospital and bed disability days and 45 percent of all deaths (Chart 43). As described earlier, heart disease, cancer and stroke account for over three-quarters of all deaths among the elderly. They also are responsible for one-fifth of doctor visits, two-fifths of hospital days and almost half of all days spent in bed. Arthritis and rheumatism, the leading chronic conditions, on the other hand, account for relatively few deaths and only 2 percent of hospital days. However, they account for 16 percent of days spent in bed, nearly as much as for heart disease.[8]

Chart 43
BURDEN OF ILLNESS ACCORDING TO SELECTED CONDITIONS
PERSONS 65 YEARS AND OLDER
1980



[1]Average for 1979 and 1980.
[2]Provisional data.

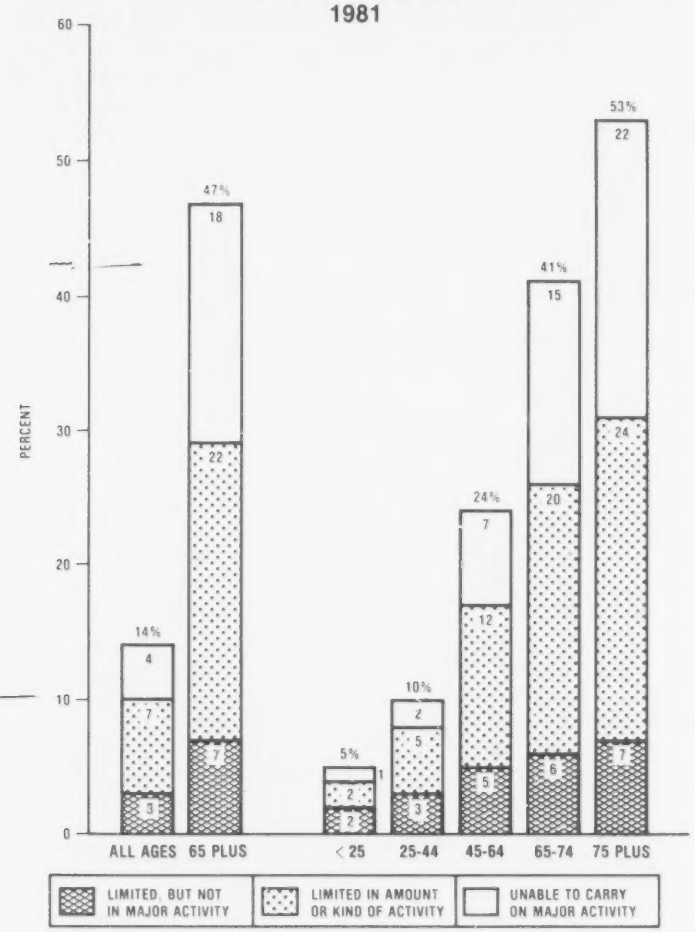
SOURCE: National Center for Health Statistics: Division of Health Care Statistics, Division of Health Interview Statistics, and Division of Vital Statistics, reprinted from: *Health, United States, 1982*, National Census for Health Statistics.

LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS

The severity of any disease can differ tremendously from person to person, causing varying degrees of limitation in activity. For example, one person with arthritis may become housebound, while another only suffers from occasional flare-ups.

A significantly higher proportion of persons 65 and older than persons under age 65 are limited in activity due to a chronic condition (Chart 44). However, it is not until age 75 that over 50 percent of the population are limited, although only 22 percent of this age group are limited to the point they cannot carry on a major activity.

Chart 44
LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS BY TYPE OF LIMITATIONS AND AGE
1981



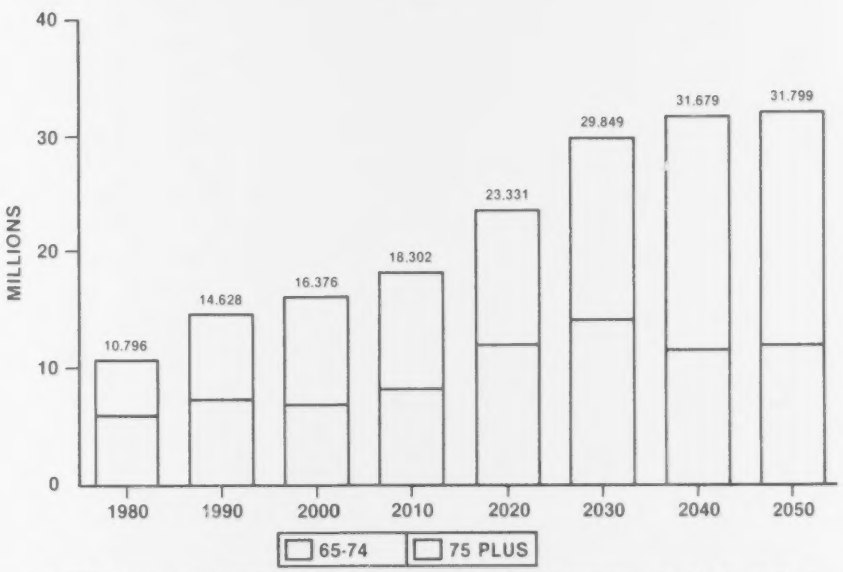
SOURCE: National Center for Health Statistics, 1981 Health Interview Survey, unpublished.

ACTIVITY LIMITATION PROJECTIONS

Severe effects of chronic illness may prevent individuals from functioning independently and have an impact on the need for future health and long-term care services. In 1980, 10.8 million people over the age of 65 had some degree of limitation in daily activity, from mild to severe, due to chronic illness (Chart 45). Future estimates** demonstrate that 16.4 million persons 65 years or older are expected to have functional limitations at the turn of the century. This figure will reach 23.3 million by the year 2020 and 31.8 million by 2050.

These projections demonstrate that, by the sure force of the aging of the population, twice as many health and long-term care services as are presently available will be needed by the year 2020.

Chart 45
LIMITATION IN ACTIVITY DUE TO CHRONIC CONDITIONS
PERSONS 65 YEARS AND OLDER BY AGE GROUP
ACTUAL AND PROJECTED
1980-2050



SOURCE: Based on 1980 Health Interview Survey, National Center for Health Statistics and U.S. Bureau of the Census, Projections of the Population of United States, 1982 to 2050 (Advance Report). Current Population Reports, Series P-25, No. 922, October, 1982. Middle Series Projections.

**NOTE: Projections are based on current rates of limitation in daily activity due to chronic illness and U.S. Bureau of the Census population projections without making assumptions about future changes in rates for limitation of daily activity due to chronic illness in the population.

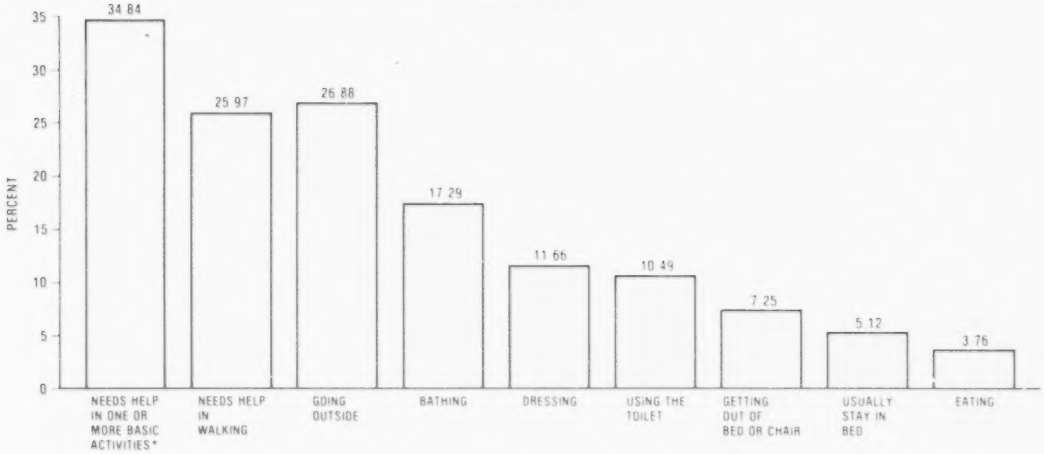
NEED FOR ASSISTANCE

As described earlier, the need for assistance in daily living increases with age. The Home Care Supplement to the National Health Interview Survey, conducted during 1979 and 1980, obtained information on the need for assistance in essential personal care and home management activities.

The proportion of elderly persons needing help in these areas increases dramatically in the upper age ranges. While only 6.7 percent of persons in the 65 to 74 age range need the help of another person, this figure doubles to 15.7 percent for persons in the 75 to 84 year age group and increases to 39.3 percent in the 85 year and older age group. By the same token, 34.8 percent of persons 85-plus need help in one or more basic activities, and 26 percent need help in walking and going outside the home (Chart 46).

Friends, spouses, relatives, and others provide valuable assistance to many elderly persons who live in the community. A little over 60 percent of persons 85 years and older who live with nonrelatives need the help of another person in personal care or home management activities. This figure is 48.7 percent for those who live with relatives other than a spouse and 31.9 percent for the extreme aged who live with a spouse. About a third of this age group who live alone are in need of assistance.

Chart 46
NEED FOR ASSISTANCE AMONG THE 85 YEAR AND OLDER POPULATION 1979-1980



*NEEDS HELP IN AT LEAST ONE OF SEVEN BASIC ACTIVITIES

NOTE: Includes individuals who need help to function at home because of a chronic condition, disability or health problem.

SOURCE: National Center for Health Statistics, Americans needing help to function at home. Advance Data from Vital and Health Statistics, No. 92. DHHS Pub. No. (PHS) 83-1250. Public Health Service, Hyattsville, Maryland 20782. September 1983.

USE OF HEALTH CARE SERVICES

Although the incidence of acute conditions decrease with age, older persons have higher rates of illness, injury, disability, and restricted activity than the younger population and these rates increase with age (Table 12).

Because of these high rates of health problems, persons 65 years and older use health care services at a greater rate than the younger population and incur greater health care expenses. (Chart 47). For instance, persons 65 and over use hospitals at 2.8 times the rate of those under 65. Duration of stay in hospitals increases with age for both males and females (Chart 48).

The number of doctors visits per person also increases with age. Persons between the ages of 45 and 54 average 4.7 visits per year, while persons 65 and over average 6.3 visits per year (Table 12).

Some sources of health services are not utilized by the elderly at rates higher than the younger population, particularly if they do not receive third-party payments. For example, dental visits are not covered by medicare or medicaid and are seldom covered by private insurance. The average number of annual dental visits for elderly persons is 1.5 as compared to 1.8 for the 45 to 54 year old population. Yet, health surveys reveal that about 60 percent of all persons age 65 to 74 have dental problems that go untreated.

Chart 47
PER CAPITA PERSONAL HEALTH CARE EXPENDITURES BY SELECTED SERVICES PERSONS UNDER AGE 65 AND 65 YEARS AND OLDER 1981

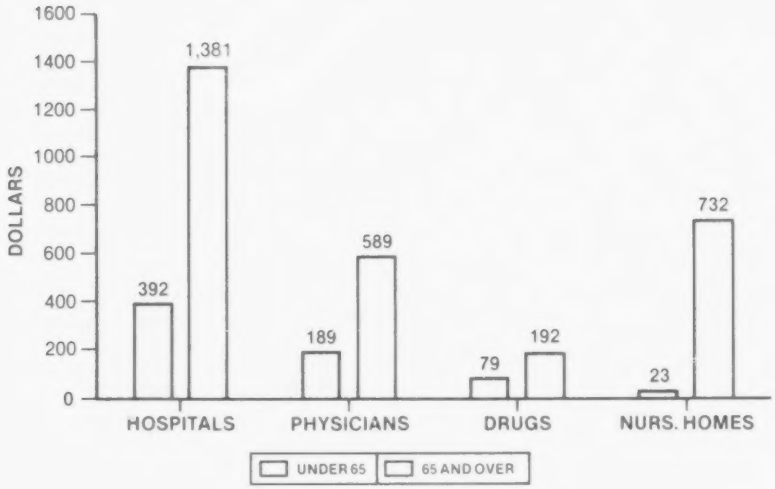


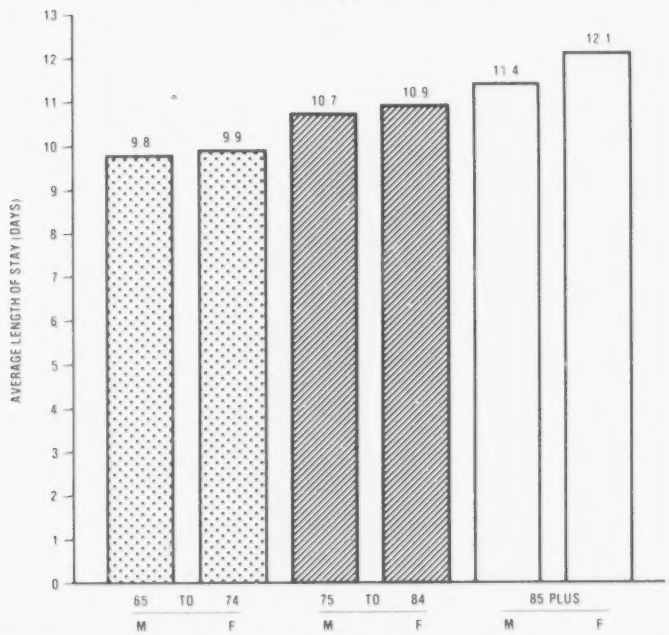
Table 12

SELECTED HEALTH CHARACTERISTICS BY AGE
1981

Characteristic	Age: 45-54	55-64	65-74	65 PLUS	75 PLUS
Persons injured per 100 persons per year	22	20	14	18	26
Restricted activity days per person per year	24	31	35	40	48
Bed disability days per person per year	8.5	9.5	11.5	14	18
Incidence of acute conditions per 100 persons per year	143	113	111	107	101
Dental visits per person per year	1.8	1.9	1.6	1.5	1.3
Percent seeing dentist in last year	51.6%	47.6%	38.6%	34.6%	27.9%
Doctor visits per person per year	4.7	5.5	6.3	6.3	6.4
Percent seeing doctor in last year	71.8%	75.2%	78.3%	80.2%	83.3%
Percent with short-stay hospital episodes in the last year	10.9%	12.9%	16.6%	18.0%	20.4%
Average number of days spent in short-stay hospitals	8.9	9.0	9.3	10.0	11.0
Discharges per 100 persons per year	16.0	19.1	25.9	28.4	32.5

SOURCE: National Center for Health Statistics, 1981 Health Interview Survey, unpublished.

Chart 48
DURATION OF STAY IN SHORT-STAY NON-FEDERAL HOSPITALS BY AVERAGE NUMBER OF DAYS PERSONS AGE 65 YEARS AND OLDER
1981



SOURCE: National Center for Health Statistics, 1981 National Hospital Discharge Survey, reported in Developments in Aging, Volume One, U.S. Senate Special Committee on Aging, 1982.

PERSONAL HEALTH CARE EXPENDITURES

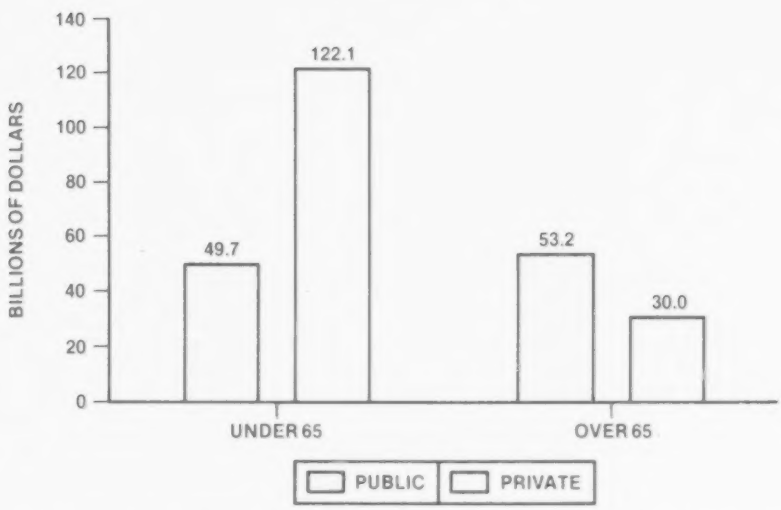
In 1981, the latest year for which spending estimates by age group are available, persons 65 and over accounted for 33 percent of the country's total personal health care expenditures.[a] 1981 per capita health care expenditures were estimated to be $828 for persons under age 65 and $3,140 for those age 65 and older (Table 14). Even when nursing home care is excluded, estimated 1981 per capita health care expenditures for persons under age 65 would still be three times the expenditures for the younger population.

PUBLIC AND PRIVATE PAYMENTS FOR HEALTH CARE

While private payments such as employer-paid insurance are the major source of payment for persons under age 65, public funds are the major source for the elderly population (Chart 49). The elderly, however, bear a considerable burden for health care out of their own pockets either through direct payments or through purchase of supplemental health insurance policies. For instance, direct out-of-pocket expenses for the elderly in 1981 averaged $914 per capita, excluding costs for premiums for Medicare Part B and for supplemental insurance.

Chart 49

AGGREGATE PERSONAL HEALTH CARE EXPENDITURES PERSONS UNDER AGE 65 AND 65 AND OVER 1981



SOURCE: Health Care Financing Administration, unpublished, reported in U.S. Senate Special Committee on Aging, Developments in Aging: 1982, Volume One

Growth in health care costs continues to outpace the rest of the economy, growing at twice the rate of inflation. In fact, average health care costs have now returned to the 1965 level, with health expenditures not covered by medicare averaging 20 percent of income. Following record increases of 15.8 percent in 1980 and 15.1 percent in 1981, the rate of growth in total health care expenditures was 12 percent in 1982.

From fiscal year 1981 to 1982 alone, medicare expenditures increased 18.7 percent. Costs for hospitals, which account for over two-thirds of the dollars medicare spends for personal health care, are fueling medicare's growth (Chart 50 and Table 13). Rapidly rising hospital costs are also the major reason for the serious financing problems that medicare's hospital insurance trust fund will be facing as early as 1986-88. The Congressional Budget Office has estimated that only 2 percent of the projected annual average 13.2 percent growth in hospital reimbursements from 1984 to 1995 will be due to the aging of the population.

Medicare's share of total personal health expenditures for the elderly has increased over time and is now about 45 percent (Chart 51 and Table 13). However, health care expenditures for the elderly not paid by medicare have also been increasing over the years between 1970 to 1981 with respect to income (from 16.8 to 19.9 percent).

Medicare's share of hospital expenses was 74 percent in 1981. Medicare pays a considerably smaller portion of physician services (54 percent in 1981). In addition, there are many services such as outpatient drugs, dental services and eyeglasses that Medicare does not cover. Medicaid covers 14 percent of personal health care expenditures, the great majority of which is for that small portion of the population using long-term care. The gap between public funding and health costs is covered by the elderly themselves or through private insurance, which pays for about 6.6 percent of the costs.

Table 13
PERSONAL HEALTH CARE EXPENDITURES FOR PERSONS AGE 65 AND OVER 1981 (in billions)

Type of expenditure	Total	Private	Public			
			Total	Medicare	Medicaid	Other Public
Total	$83.2	$30.0	$53.2	$37.7	$11.4	$4.1
Hospital care	36.6	5.3	31.3	27.1	1.3	2.9
Physician's services	15.6	6.6	9.0	8.5	.4	.1
Dentists' services	2.4	2.3	.1		.1	(2)
Other professional services	2.0	1.2	.8	.7	.1	(2)
Drugs and medical sundries	5.1	4.2	.9		.8	.1
Eyeglasses and appliances	1.0	.6	.4	.4		(2)
Nursing home care	19.4	9.6	9.8	4	8.7	.7
Other health services	1.0	.1	.9	.5	.1	.3

[1] This is a provisional estimate
[2] Less than $50 million

Table 14
PERSONAL HEALTH CARE EXPENDITURES ALL AGES, UNDER AGE 65 AND AGE 65 AND OVER 1981

Type of expenditure	All ages			Under age 65			Age 65 and over		
	Total	Private	Public	Total	Private	Public	Total	Private	Public
	Aggregate amount (in billions)								
Total	$255.0	$152.2	$102.9	$171.8	$122.1	$49.7	$83.2	$30.0	$53.2
Hospital care	118.0	53.9	64.1	81.4	48.6	32.8	36.6	5.3	31.3
Physicians' services	54.8	39.8	15.0	39.2	33.2	6.0	15.6	6.6	9.0
Dentists' services	17.3	16.6	.7	14.9	14.2	.6	2.4	2.3	.1
Other professional services	6.4	5.0	1.4	4.4	3.8	.6	2.0	1.2	.8
Drugs and medical sundries	21.4	19.5	1.9	16.3	15.3	1.0	5.1	4.2	.9
Eyeglasses and appliances	5.7	5.1	.7	4.7	4.5	.3	1.0	.6	.4
Nursing home care	24.2	10.6	13.6	4.8	1.0	3.8	19.4	9.6	9.8
Other health services	7.2	1.6	5.8	6.2	1.5	4.9	1.0	.1	.9
	Per capita amount								
Total	1,090	650	440	828	588	240	3,140	1,132	2,008
Hospital care	504	230	274	392	234	158	1,381	200	1,181
Physicians' services	234	170	64	189	160	29	589	249	340
Dentists' services	74	71	3	72	69	3	91	87	4
Other professional services	27	21	6	21	18	3	75	45	30
Drugs and medical sundries	91	83	8	79	74	5	192	158	34
Eyeglasses and appliances	24	21	3	23	22	1	36	23	15
Nursing home care	103	45	58	23	5	18	732	362	370
Other health services	31	7	24	30	7	23	38	4	34

SOURCE: Health Care Financing Administration, published in U.S. Senate Special Committee on Aging, *Developments in Aging: 1982, Volume One*.

Chart 50
HEALTH CARE EXPENDITURES FOR THE ELDERLY BY TYPE OF CARE
1981

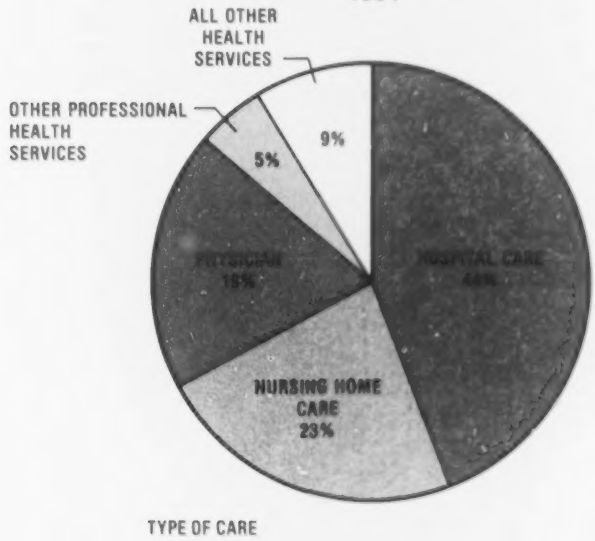
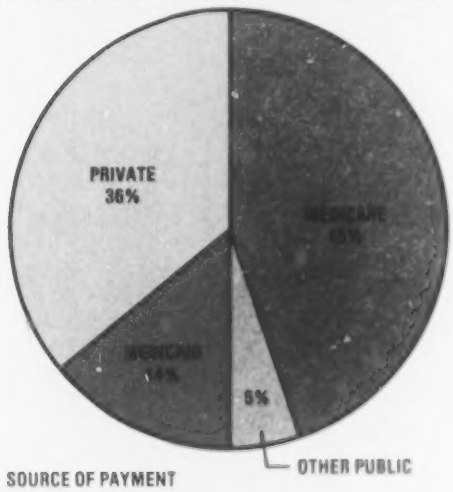


Chart 51
PERSONAL HEALTH CARE EXPENDITURES FOR THE ELDERLY BY SOURCE OF PAYMENT



NOTE: Other health services include drugs and drug sundries, eyeglasses and appliances, and other health services.

SOURCE: Health Care Financing Administration, unpublished, reported in U.S. Senate Special Committee on Aging, Developments in Aging, Volume 1, 1982.

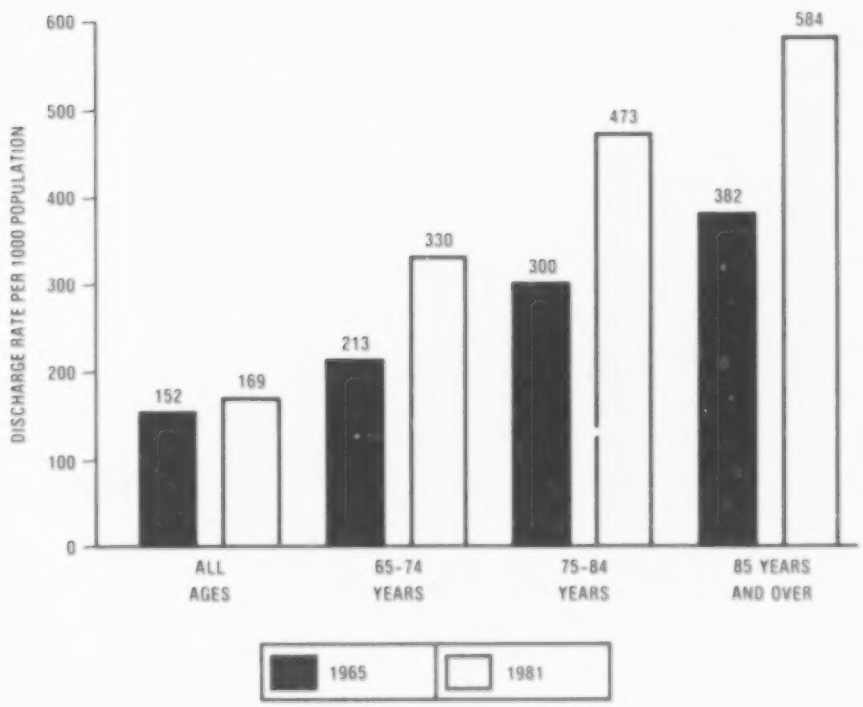
HOSPITALIZATION

Elderly persons have increased their use of short-stay hospitals since the year the medicare program was enacted. For example, discharge rates from hospitals for persons between the ages of 65 and 74 increased 54.9 percent between 1965, the year medicare was enacted, and 1981 (Chart 52).

Hospital usage also increases with age. Discharge rates for persons over 85 years of age are 23 percent higher than for persons between 75 and 84 years of age and are 77 percent higher than the 65 to 74 year age group.

Hospital services are the largest personal health expenditure, accounting for 44 percent of the total. In 1981, persons age 65 and over, representing 11 percent of the population, used 39.3 percent of short-stay hospital days. The population 75 and over, only 4.4 percent of the population, used 20.7 percent of short-stay hospital days.

Chart 52
USE OF SHORT-STAY NON-FEDERAL HOSPITALS SINCE MEDICARE WAS ENACTED 1965 AND 1981

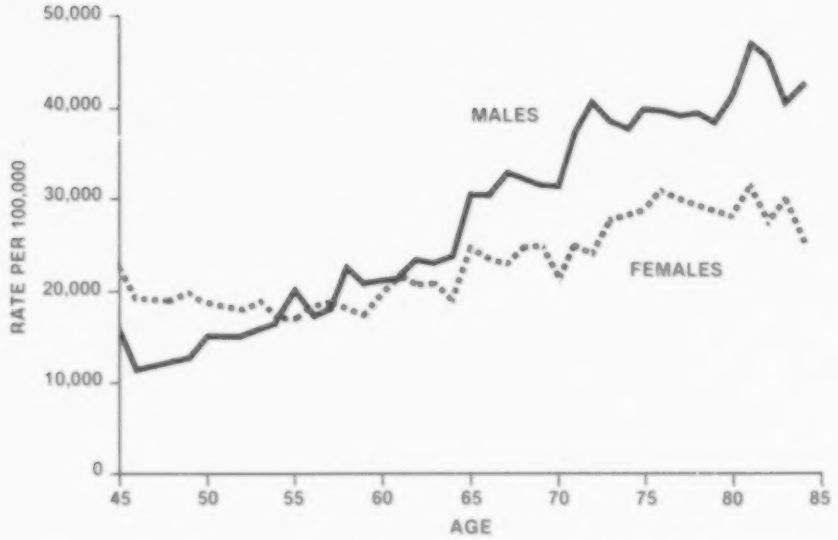


SOURCE: National Center for Health Statistics, The Need for Long Term Care: A Chartbook of the Federal Council on the Aging and The 1981 National Hospital Discharge Survey reported in Developments in Aging, Volume 1, 1982

HOSPITAL PROCEDURES

Older males have higher rates of hospital usage than older females, although, for both men and women, the rate of hospital procedures performed increases after age 65 (Chart 53). There are two possible reasons why this occurs. Substantial numbers of older persons may delay expensive hospital procedures as long as possible until they are covered under medicare and more illness may actually occur during the first year of retirement, traditionally, the 65th year. There is, also, a slight increase in procedures for males at age 62. This may reflect the hospital usage of males who retire early due to ill health.

Chart 53
HOSPITAL PROCEDURES BY SEX AND AGE
1981

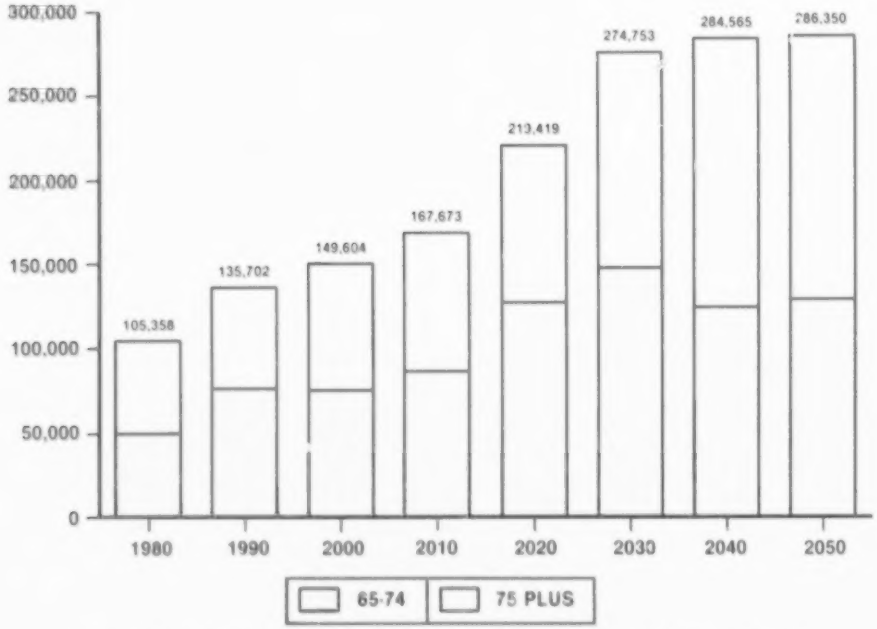


SOURCE: National Center for Health Statistics, Hospital Discharge Survey, 1981

The aging of the population will result in an older hospital patient population and, unless there are major breakthroughs in health care and disease prevention, an increased need for availability of hospital care (Chart 54).

According to forecasts based on current rates of short-stay hospital utilization and U.S. Bureau of the Census population projections, to meet the health needs of the elderly population, there will be a need to increase hospital services by about 40 percent by the turn of the century, by about 90 percent by the year 2000, and by over 170 percent by the middle of the next decade.

Chart 54
SHORT-STAY HOSPITAL DAYS
PERSONS 65 YEARS AND OLDER BY AGE GROUP
ACTUAL AND PROJECTED
1980-2050



SOURCE: Based on National Center for Health Statistics, National Hospital Discharge Survey, 1980 and U.S. Bureau of the Census, Projections of the Population of the United States: 1982 to 2050 (Advance Report), Current Population Reports, Series P-25, No. 922, October, 1982.

NOTE: Projections are based on 1980 rates of short stay hospital days and U.S. Bureau of the Census population projections without making assumptions about future changes in rules for hospital usage.

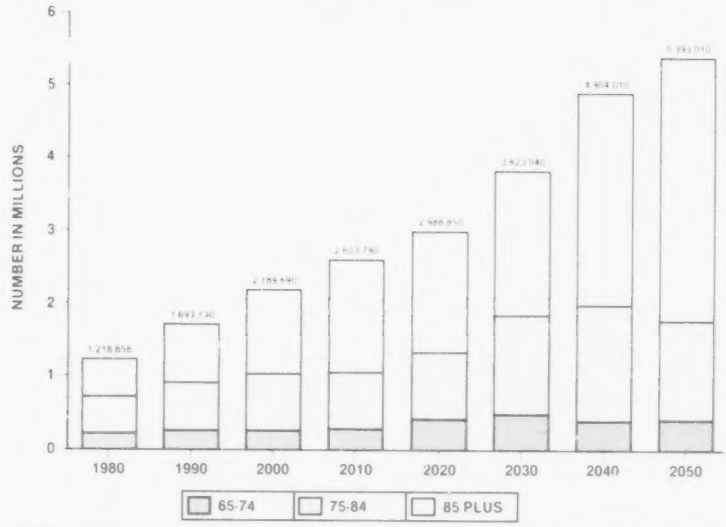
NURSING HOME CARE

Unfortunately, there is a great need for better information about the current nursing home population, since the last major survey took place in 1977. (A new survey will begin in 1984). However, we do know that the last two decades have seen a substantial increase in the numbers of nursing home residents. In 1963, there were 505,000 individuals residing in nursing homes. By 1977, the number had grown to 1.3 million.

Ninety percent of nursing home residents are 65 years and older. Estimates for the 65-plus nursing home population in 1980 are 1.2 million persons (Chart 55). According to forecasts based on current estimates for the nursing home population and U.S. Census Bureau population projections, by the turn of the century, this number is expected to increase 80 percent to 2.2 million, increase 145 percent by 2020, and by the year 2050, more than triple to 5.4 million.

Although the percentage of elderly persons in nursing homes is small, 4.7 percent, the likelihood of spending one's life in a nursing home increases with age. According to the Nursing Home Survey, only 1 out of every 100 persons in the 65 to 74 age group is in a nursing home on a given day. However, this number increases to 7 out of 100 persons in the 74 to 84 age group and more than 1 out of 5 persons in the 85-plus population.

Chart 55
NURSING HOME POPULATION PROJECTIONS
PERSONS 65 YEARS AND OLDER BY AGE GROUP
1980-2050



SOURCE: Based on most recent revised estimates of the 1977 population base, Series P-25 #917-1977 estimated, Bureau of the Census, Projections of the Population of the United States: 1982 to 2050 (Advance Report), Current Population Reports, Series P-25, No. 922, October, 1982, Middle Series Projections; and the National Nursing Home Survey (1977), National Center for Health Statistics.

**NOTE: Projections are based on the most recent data available on nursing home utilization and U.S. Bureau of the Census population projections without making assumptions about future changes in nursing home usage.

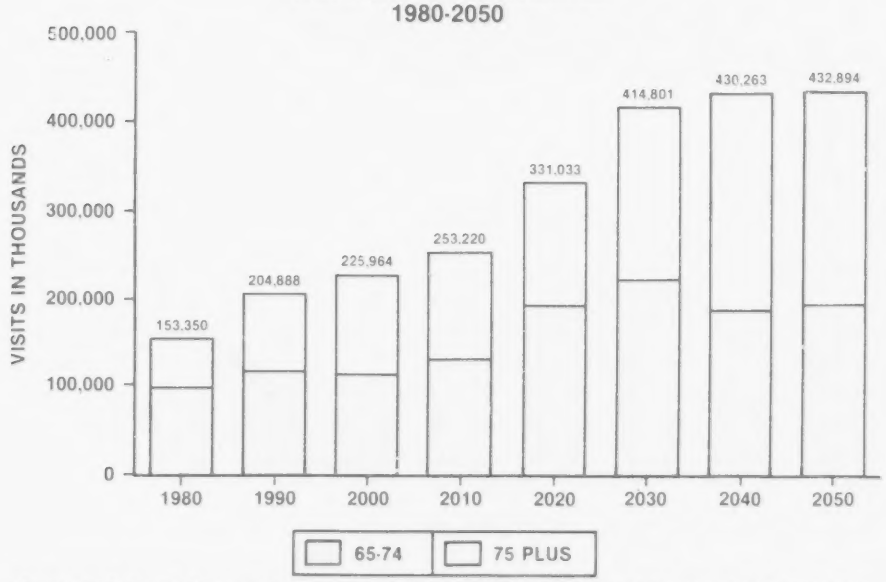
PHYSICIAN CARE

Utilization of physician services increases with age. In 1981, persons aged 45 to 54 averaged 4.7 doctor visits a year, while persons between ages 65 and 74 averaged 6.3 visits. And, according to results of the 1981 National Health Interview Survey, while 71.8 percent of persons in the 45 to 54 age group reported that they had seen a doctor in the last year, 78.3 percent of persons 65 to 74 and 83.3 percent of persons 75 years or older reported this was the case. Since the enactment of medicare, the average number of physician contacts and the percentage of persons 65 and over reporting that they had seen a physician in the last year has increased significantly, particularly for persons with low incomes.

The disparity between elderly and young populations in the use of physician visits is not as great as the disparity for other forms of health care. In 1980, persons under 65, 88.9 percent of the population, accounted for 85.2 percent of physician visits, while those 65 or over, 11 percent of the population, accounted for 14.8 percent of visits.

The aging of the population will create a greater demand for physician care (Chart 56). According to projections based on 1980 physician visit rates and U.S. Bureau of the Census population projections, the need for physician care will increase by 47 percent by the year 2000, by 115 percent by 2020, and by over 82 percent by the year 2050.

Chart 56
PHYSICIAN VISITS
PERSONS 65 YEARS AND OLDER BY AGE GROUP
ACTUAL AND PROJECTED
1980-2050



Based on J.G. Collins, Physician Visits, volume and interval since last visit, United States, National Center for Health Statistics, 1980, Series 10, No. 144, and U.S. Bureau of the Census, Projections of the Population of the United States, 1982 to 2050 (Advance Report), Current Population Reports, Series P-25, No. 922, Middle series projections.

NOTE: Projections are based on 1980 rates for physician visits and U.S. Bureau of the Census population projections without making assumptions about future changes in physician visits.

MENTAL HEALTH

The elderly are frequently described as having the same prevalence of mental health or psychiatric problems as the general public, ranging from 15 to 25 percent of persons 65 years and older. However, due to a lack of adequate information, this assumption has been inferred from nonage-specific data. Three recent studies conducted in New Haven, Baltimore and St. Louis demonstrate that, for non-institutionalized persons, psychiatric problems are NOT constant across age groups.

These studies, sponsored by the National Institutes of Mental Health (NIMH), examined 9,000 non-institutionalized participants to determine the prevalence of specific disorders in the general public. The NIMH project examined seven psychiatric disorders (affective disorders, panic and obsessive/compulsive disorders, substance abuse and/or dependence, somatization disorders, anti-social personality disorder, schizophrenia, and phobia) and an eighth related disorder, cognitive impairment. Persons 65 and over were found to have the lowest overall rates for all age groups when all eight disorders were grouped together[10] (Chart 57).

While the elderly have the lowest rates for all psychiatric disorders, some mental health problems, such as substance abuse and affective disorders, become rarities in the upper age ranges. Low rates of mental disorders are in part responsible for the fact that older persons use mental health facilities at half the rate of the general population.*[11]

Tragically, the primary mental health problem of older age is cognitive impairment, with rates for mild impairment being substantially higher than rates for severe impairment (Chart 58). The NIMH studies found that rates for mild cognitive impairment were about 14 percent for both elderly males and females. Rates for severe impairment were 5.6 percent for elderly men and 3 percent for elderly women.

It is currently known that Alzheimer's Disease affects more elderly persons than any other disease causing cognitive impairment.[12] As early as five years ago, this major disease was neglected by both laymen and the medical and scientific community, and usually not distinguished from aging in general. However, through extensive research in this and other countries, considerable progress is being made in advancing understanding about this disease.

Failure in cognitive functioning is one of the principal reasons for institutionalization of the elderly. Data from the 1977 Nursing Home Survey, the latest data available, indicates that 22.3 percent of nursing home residents had "primary diagnoses" of a mental disorder or senility without psychosis.[13]

Another indicator of mental health problems, suicide rates, although extremely low when compared to other causes of death, are higher for elderly persons than for other age groups. In 1979 and 1981, the suicide rate for persons 65 years and over was about 19 per 100,000 for persons 65 to 74, about 22 per 100,000 for the 75 to 84 age range, and between 14.6 and 16.3 per 100,000 for persons 85 years and over.[14]

*Note: These findings do not discount the fact that many elderly suffer severe feelings of grief, depression, etc. due to events such as the loss of loved ones, income reduction and increasing physical limitation. However, these problems may be seen as transitory in nature and not as irreversible disorders.

Chart 57
AVERAGE SIX-MONTH PREVALENCE OF PSYCHIATRIC OR SEVERE COGNITIVE IMPAIRMENT DISORDERS BY SEX AND AGE GROUP

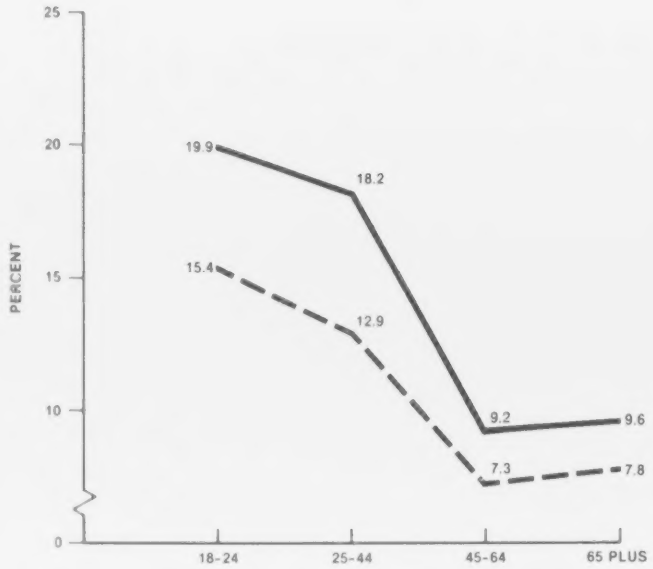
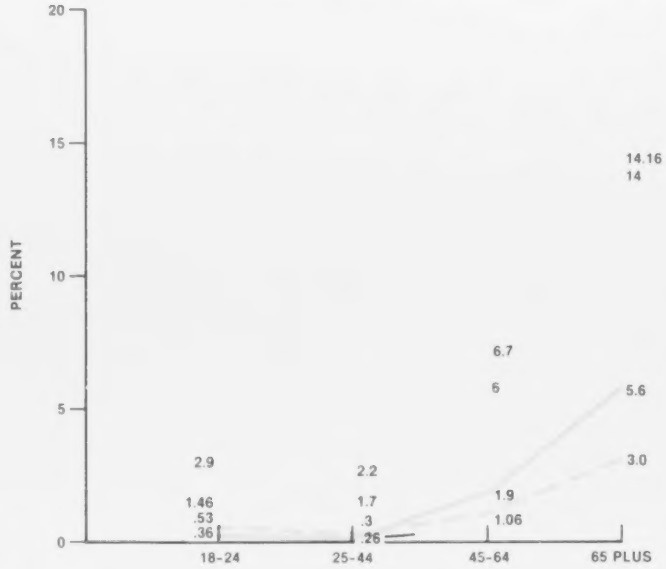
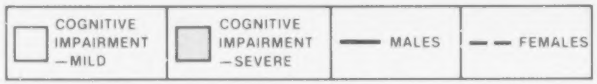


Chart 58
AVERAGE SIX MONTH PREVALENCE OF COGNITIVE IMPAIRMENT BY SEX AND AGE GROUP





NOTE: Includes: affective disorders, panic disorders, obsessive-compulsive disorders, alcohol and drug abuse or dependence, socialization disorders, anti-social personality, servere or mild cognitive impairment, and schizophrenia or schizophrienic form.

SOURCE: Myers, Jerome K. et al., *The Prevalence of Psychiatric Disorders in Three Communities: 1980-82*

SECTION FIVE: FAMILY, SOCIETY, HOUSING AND EDUCATION

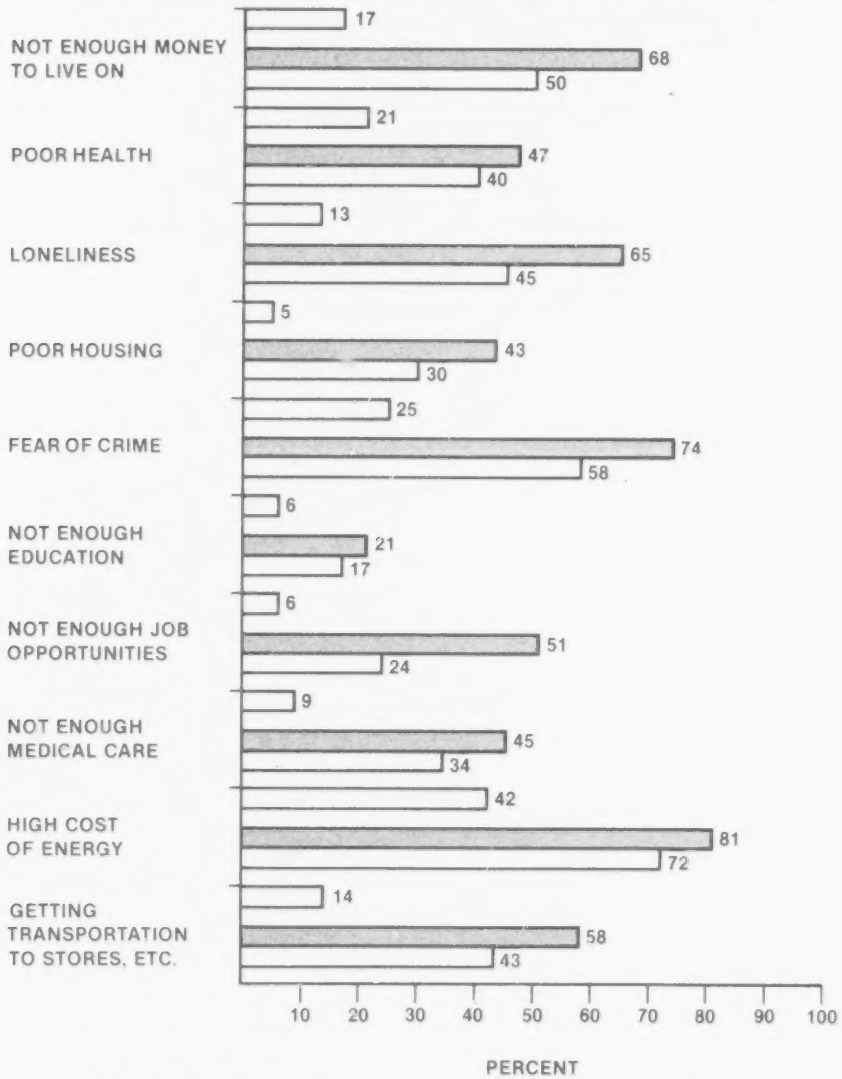
MYTHS AND REALITIES OF AGING

Misconceptions about the problems of elderly persons persist for old and young alike. As described in the National Council on Aging's (NCOA) report on its survey of 3,427 Americans of all ages: "There is a clear gap between the myth about 'old age' — held by young and old alike — and the reality of the problems personally experienced by those 65 and over."

It can be seen from Chart 59 that there are a large number of myths about older age. Respondents to NCOA's survey were asked to categorize ten problems according to whether they considered them to be "very serious," "somewhat serious" or "hardly a problem at all." Respondents of all ages perceived all ten problems to be far more serious for elderly persons than the elderly themselves perceived them to be. For instance, while 68 percent of persons aged 18 to 64 and 50 percent of persons 65 and over felt that not enough money to live on is a serious problem of the elderly, in reality, only 17 percent of elderly persons reported that this is actually a serious problem.

When respondents to NCOA's survey were asked to categorize ten problems according to whether they are serious problems for them personally, the responses of older and younger persons were very similar, with a few exceptions. "Not enough job opportunities" was seen as a serious problem by more young individuals than older. "Poor health" and "loneliness," on the other hand, were considered very serious problems by more persons over age 65 than persons between 18 and 64 years old. However, as was the case in NCOA's earlier survey in 1974, Americans of all ages ranked "fear of crime," "not having enough money to live on" and "poor health" as the most serious problems for them personally.

Chart 59
MYTH vs. REALITY OF AGING
(PERCENT OF ELDERLY RESPONDENTS REPORTING PROBLEMS TO BE VERY SERIOUS vs. THE PUBLIC'S EXPECTATONS OF THE SERIOUSNESS OF THESE PROBLEMS)



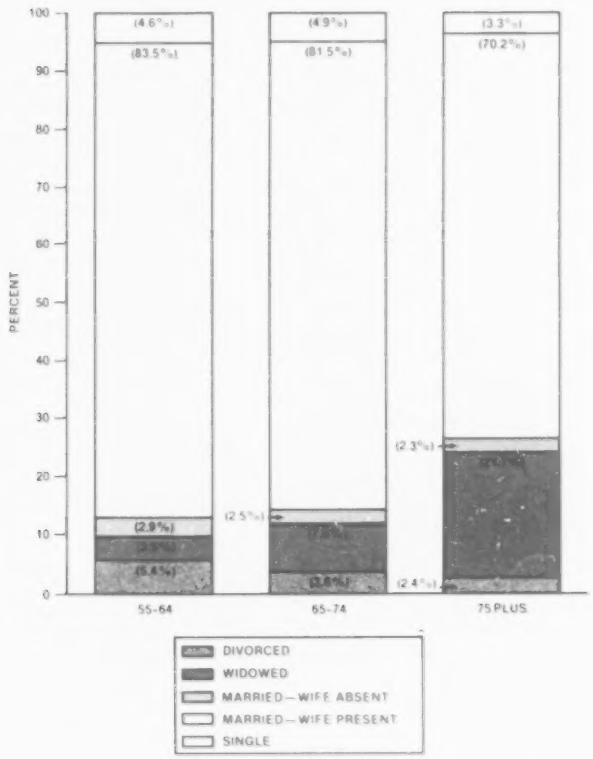
SOURCE: The National Council on the Aging—Louis Harris, *Aging in the 80's: America in Transition*, November 1981

MARITAL STATUS

More than half of all persons aged 65 and older are married and live together in two person households. However, there are great differences in the marital status of older men and women and this difference increases with age. In simple terms, most older men are married and most older women are widowed.

In March, 1982, 83.5 percent of older men in the 55 to 64 year age range were married with their spouse present (Chart 60). This figure was 80.6 percent for males in the 65 to 74 age range and dropped to 69.7 percent for men 75 years or older. Only 67.7 percent of older women in the 55 to 64 age range, however, were married with a spouse present (Chart 61). This figure drops to 49.3 percent for women in the 65 to 74 age range and to 22.4 percent for women 75 years or older. In other words, a remarkable 7 out of 10 seventy-five plus women are widowed while 7 out of 10 men in this age group are married.

Chart 60
MARITAL STATUS OF OLDER MEN
MARCH 1982

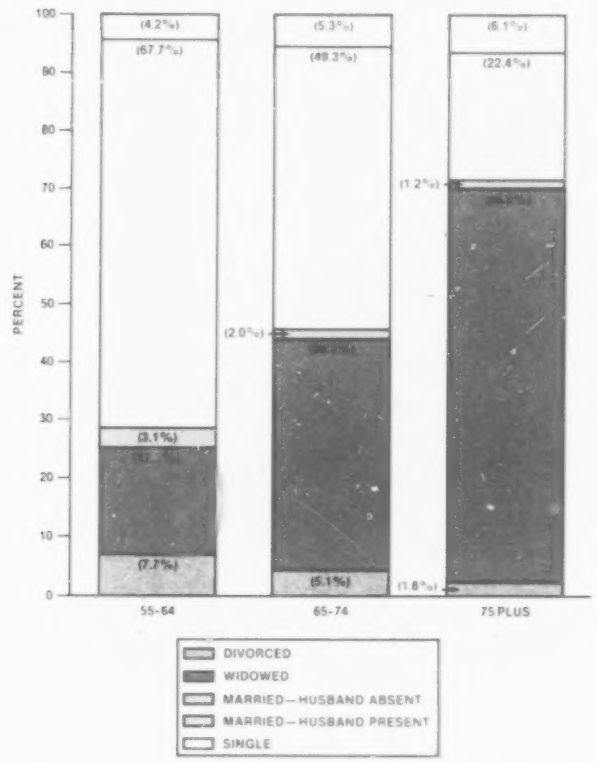


SOURCE: U.S. Bureau of the Census, Marital Status and Living Arrangements, Current Population Reports, March 1981, Series P-20, NO. 372, June 1982.

Differences in marital status for men and women are due to the greater longevity of women and .he fact that men tend to marry women who are younger. More than a third of 65-plus men are married to women who are younger than 65. These trends have changed for males over the last three decades. The proportion of men aged 65 and older who are married has increased, while those who are widowed has decreased. The contrast between the number of widows and widowers grew from a ratio of two to one in 1950 to more than four to one in 1980.

Elderly widowed men have remarriage rates which are about seven times higher than those of women. The "average" widow who has not remarried is 65 years old, has been widowed for 6 years, and can expect to live an additional 24 years as a widow.

Chart 61
MARITAL STATUS OF OLDER WOMEN
MARCH 1982



SOURCE: U.S. Bureau of the Census, Marital Status and Living Arrangements, Current Population Reports, March 1981, Series P-20, NO. 372, June 1982.

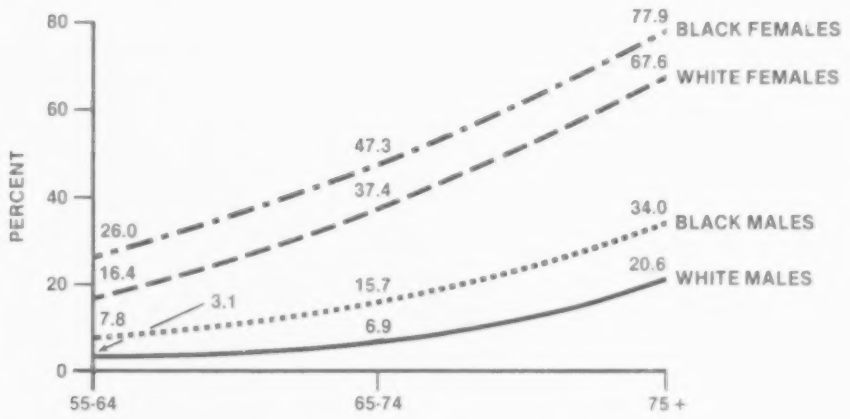
WIDOWHOOD AND TRENDS IN MARITAL STATUS

Widowhood differs tremendously by race, as well as by sex. Black females are most likely to be widowed, and black males are more likely to be widowed than white males (Chart 62).

In March, 1982, about 4 percent of elderly men and 6 percent of elderly women had never married.

There is a growing trend toward increase in divorce, separation and remarriage. Currently, about one-tenth of elderly persons have been divorced. By the turn of the century, it is estimated that one-quarter of the elderly will have divorced and twenty years later, when the "baby-boom" generation reaches old age, one-half of persons over the age of 65 will have divorced.

Chart 62
WIDOWHOOD OF PERSONS 55 AND OVER BY RACE AND SEX
MARCH 1982



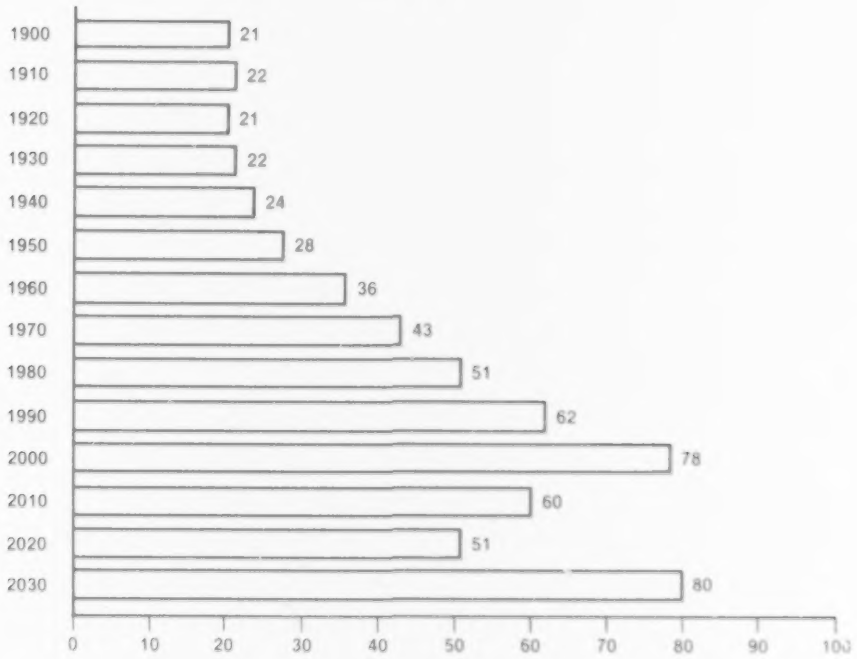
SOURCE: U.S. Bureau of the Census, Marital Status and Living Arrangements: Current Population Reports, March 1982.

CHANGING FAMILY STRUCTURE

The increased longevity of the American population has altered the structure of families, so that four generation families are increasingly more common. Presently about half of all persons aged 65 and older have great grandchildren and about 10 percent of all elderly have a child who is also elderly.[2]

Since the beginning of the century there has been a significant increase in the number of persons who have reached an advanced age in relation to numbers of the "young old" (Chart 63). In 1900, there were only 21 persons aged 80 and over for every 100 persons aged 60 to 64. By 1980, the number had grown to 53 per 100 and by the year 2000 the number is expected to reach 78 per 100. After the turn of the century, this figure will decline somewhat, reflecting a decrease in the upper age ranges due to a period of low birth rates. Then starting around 2025, the 80 plus generation will increase again as the baby boom generation reaches advanced ages.

Chart 63
NUMBER OF PERSONS AGE 80 AND OLDER PER 100 PERSONS AGE 60 THROUGH 64 ACTUAL AND PROJECTED 1900-2030

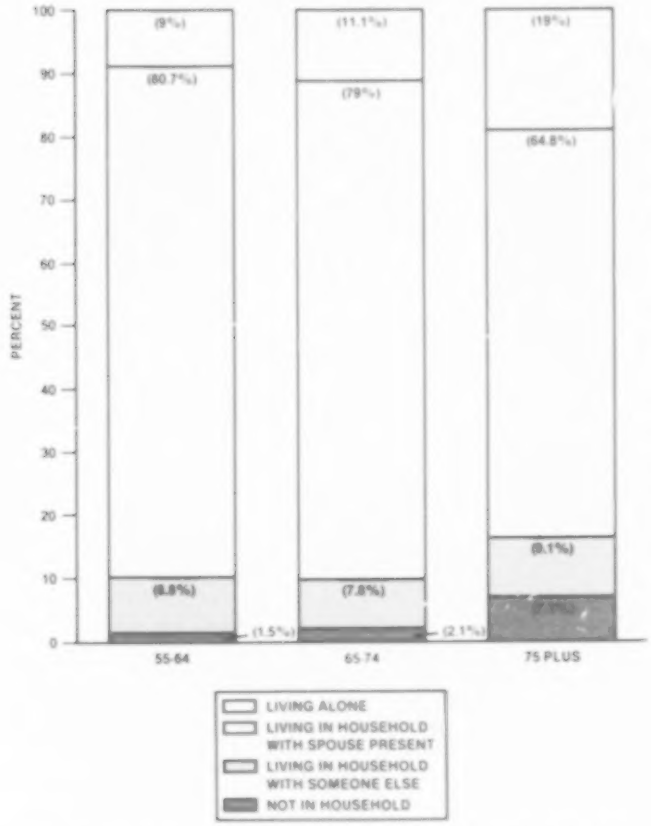


SOURCE: U.S. Bureau of the Census, reported in *Chartbook on Aging in America*, 1981 White House Conference on Aging and Hoover, Sally, *Supplement to Chartbook on Aging in America*.

LIVING ARRANGEMENTS

An increasing number of older persons live alone rather than in family settings. In 1950, 14.4 percent of all persons 65 years and older lived alone, but by 1980 this number had increased to close to 30 percent of the older population.

Chart 64
LIVING ARRANGEMENTS OF OLDER MEN
MARCH 1982

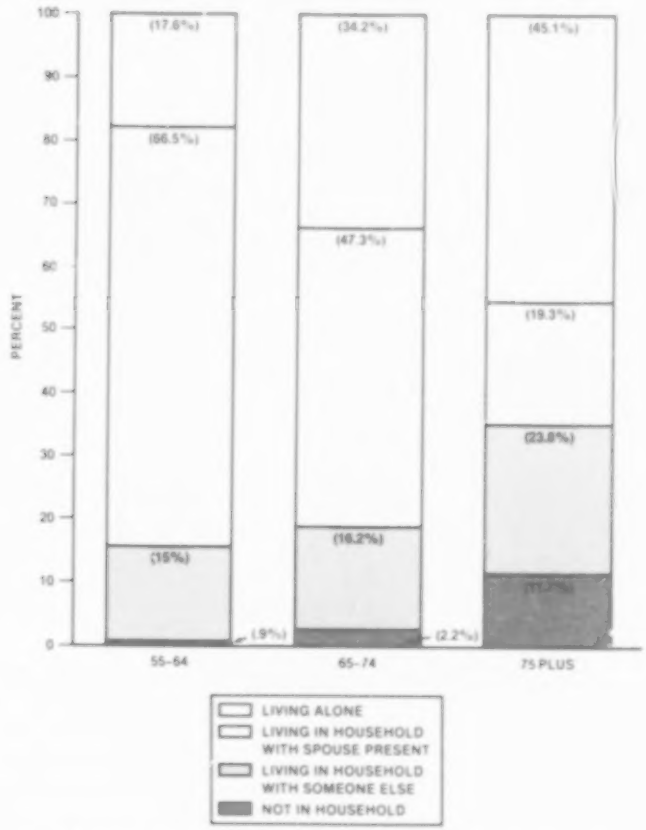


SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-20, unpublished.

As can be expected from the disparity in marital status of older men and women, significant differences exist in the living arrangements of these two groups (Charts 64 and 65). Of the over 7 million elderly persons living alone in 1982, most were women. Throughout their later years, most men live in family settings with a spouse, but less than half of all elderly women live in husband-wife households. Only 1 in 5 women 75 years or older lives in husband-wife households while close to 65 percent of older men live in households with a wife.

Relatively small numbers of elderly live in intergenerational households with children or with other relatives, although this percentage does increase with advancing age, particularly for older women.

Chart 65
LIVING ARRANGEMENTS OF OLDER WOMEN
MARCH 1982



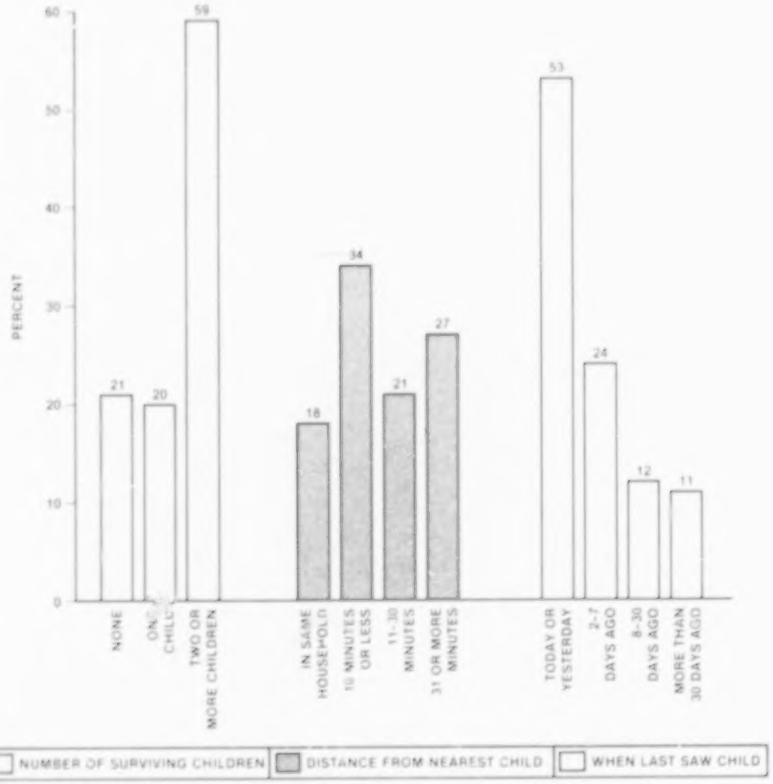
SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-20, unpublished.

INFORMAL SUPPORTS

Contrary to the myth that most older persons do not have contact with their children, the most recent data available (from a national survey concluded in 1975) demonstrates that most older people live relatively close to at least one of their children and that contacts with children are frequent (Chart 66). Four-fifths of older persons have one or more surviving children. About 75 percent of elderly persons with surviving children saw one or more children within the week prior to the survey, and only 11 percent had not seen a child in the previous month.

Neighbors and other relatives also provide substantial support to older persons. In 1981, 44 percent of elderly respondents to a National Council on Aging (NCOA) survey reported that they had visited the home of a relative or friend in the last day or two and 35 percent reported that this was the case in the last week.

Chart 66
CONTACTS BY ELDERLY WITH SURVIVING CHILDREN
1975



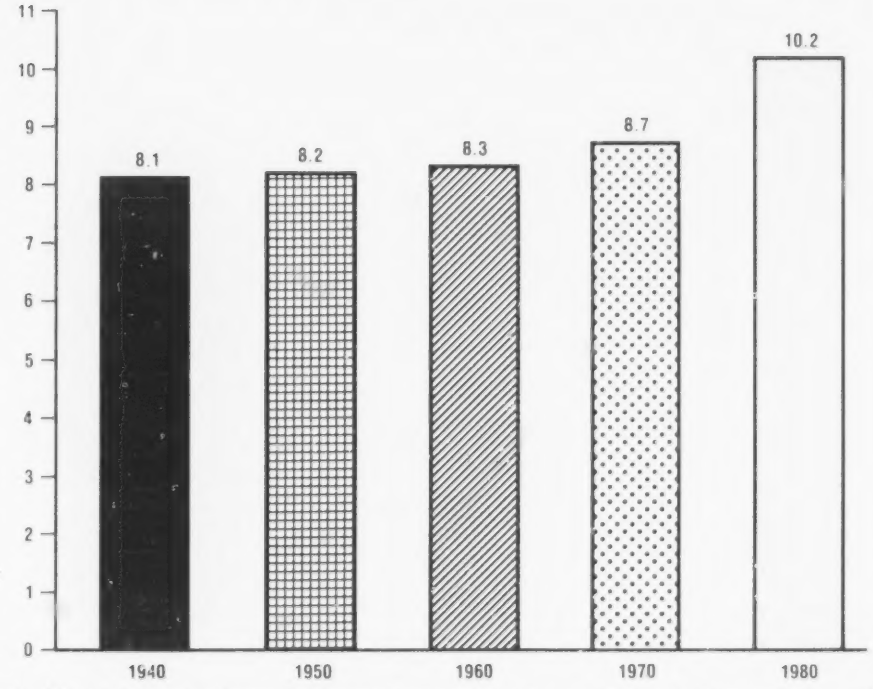
SOURCE: Shanas, Ethel, National Survey of the Aged (Final Report), prepared for the Administration on Aging, reported in The Need for Long Term Care: A Chartbook of the Federal Council on Aging.

EDUCATIONAL ATTAINMENT

Although educational attainment of the elderly population is well below that of the younger population, the gap in median years of school completed has narrowed over the last decade (Chart 67). In 1940, the median years of school completed by persons 65 years and older was 8.1 years. This figure remained relatively stable (under 9 years) through 1970, when the median years of school completed by elderly persons was 8.7 years as compared to 12.2 median years for the entire population in 1970.[1] By 1980, however, the median years of school completed for the elderly population had advanced to 10.2 years (as compared to 12.5 median years for the entire population).[2]

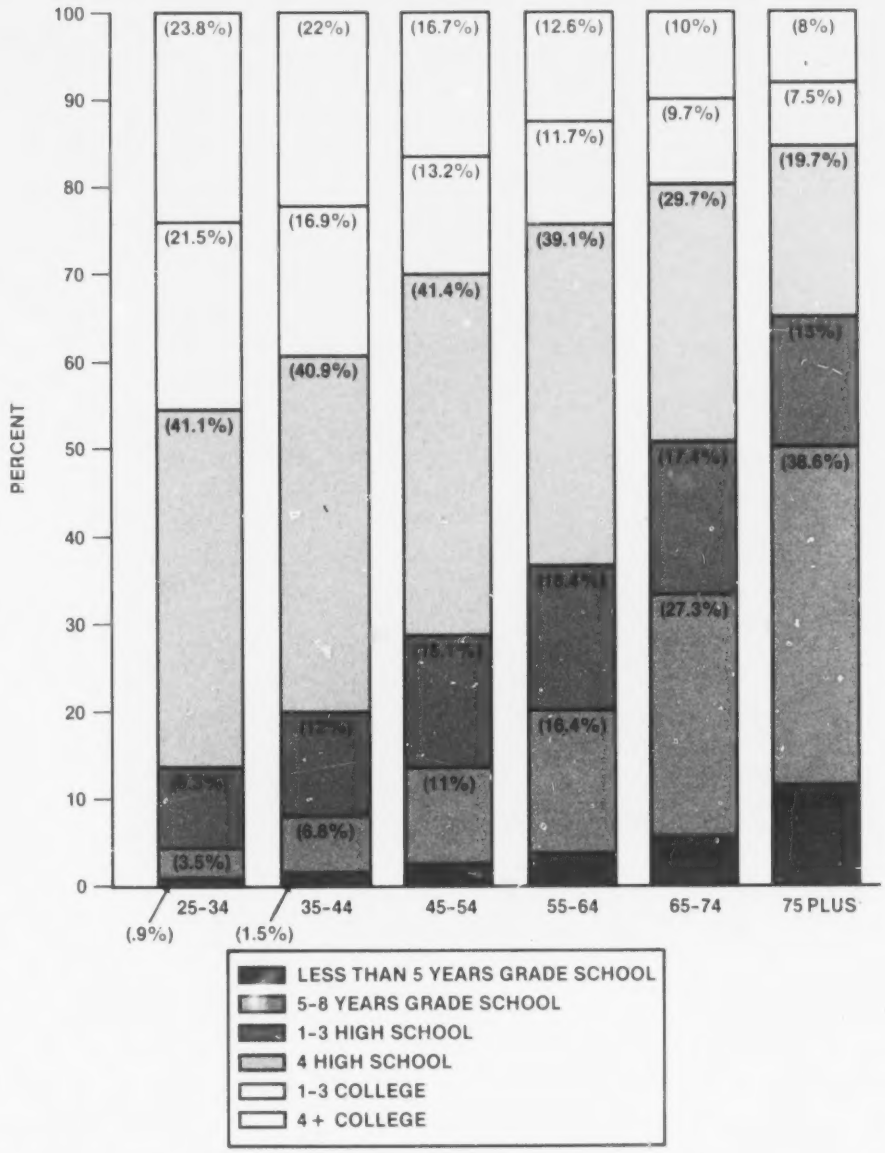
The gradual increase in the educational level of the population (Chart 68) has occurred because younger populations have been able to take advantage of opportunities that became available after World War II. There also are currently higher numbers of foreign-born persons in the elderly population than there are in younger age groups.

Chart 67
MEDIAN YEARS OF SCHOOL COMPLETED
PERSONS 65 YEARS AND OLDER
1940-1980



SOURCE: U.S. Bureau of the Census, 1940 Census of Population Vol. 4, Part 1, 1960 Census of the Population, Vol. 1, 1970 Census of the Population Vol. 1, Part 1, 1980 Current Population Survey, unpublished.

Chart 68
EDUCATIONAL ATTAINMENT BY AGE
1981



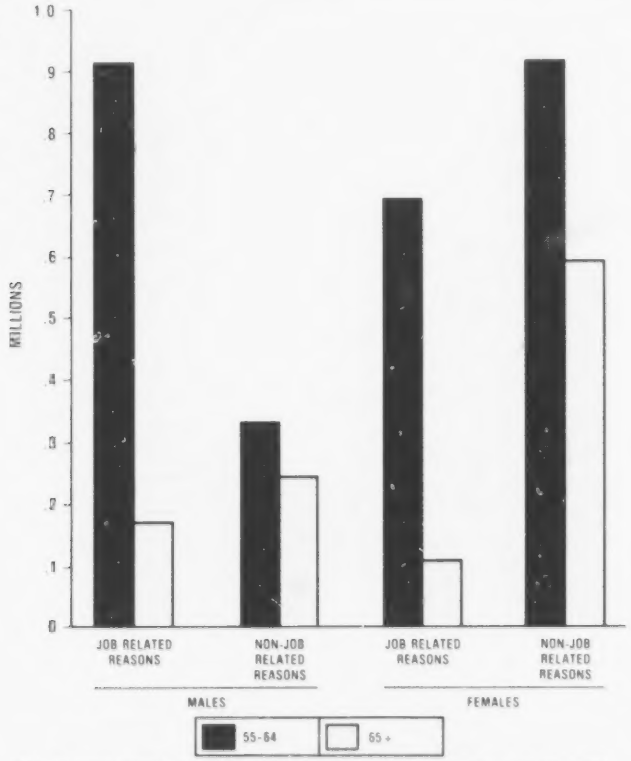
SOURCE: U.S. Bureau of the Census, Current Population Survey, March 1982, unpublished.

ADULT EDUCATION

Adult education is a valuable resource for older Americans who wish to advance or acquire job skills, further their knowledge or take courses for personal or social reasons. A survey conducted by the National Center for Education Statistics (NCES) found that in 1981, almost 2.5 million persons over 55 years of age accounted for 10.9 percent of all adult education participants (1.7 million of these persons were between the ages of 55 and 64 and 768,000 were 65 years or older).

The NCES survey demonstrated that the majority of pre-retirement age men (55 to 64 years) take courses for job-related reasons (914,000 or 73.4 percent), while the majority of pre-retirement age women do not (693,000 or 42.8 percent). The number and proportion of both men and women who take courses for job-related reasons drops dramatically after the age of 65 (174,000 or 41.4 percent and 113,000 or 15.8 percent respectively) (Chart 69).

Chart 69
OLDER PERSONS' PRIMARY REASONS FOR TAKING ADULT EDUCATION COURSES
1981



NOTE: Job related reasons includes: to get a new job in current or former occupation or in new occupational field; to improve or advance in current job. Non-job related reasons includes: for American citizenship, for general education, to train for volunteer work and for personal or social reasons.

SOURCE: National Center for Education Statistics, Participation in Adult Education: 1981

HOUSING

In 1980, 72 percent of all elderly owned their own homes. Persons 65 years or older headed 20.3 percent of all housing units, 16,270,000 out of a total of 80,072,000 units. Elderly persons also owned 22.3 percent of all owner-occupied housing units and rented 16.4 percent of all renter-occupied units.[5] As of June 3, 1982, the Department of Housing and Urban Development and the Farmers Home Administration had supplied 1,377,743 housing units occupied by the elderly. Inadequate information is available on the number of elderly persons on waiting lists to get into federally subsidized housing.

AGE OF HOUSING

Persons 65 years or older are most likely to live in older homes whether they rent or own. In 1980, 40 percent of both elderly owners and elderly renters lived in housing structures built in 1939 or earlier. Another 14 percent of elderly owners and 10 percent of elderly renters lived in structures built between 1940 and 1949 (Chart 70). By contrast, 22 percent of younger persons who lived in owner-occupied units lived in structures built before 1939 and another 8 percent lived in units built between 1940 and 1949. Figures for younger renters were similar to elderly renters. 40 percent lived in structures built in 1939 or earlier and 8 percent rented structures built between 1940 and 1949.

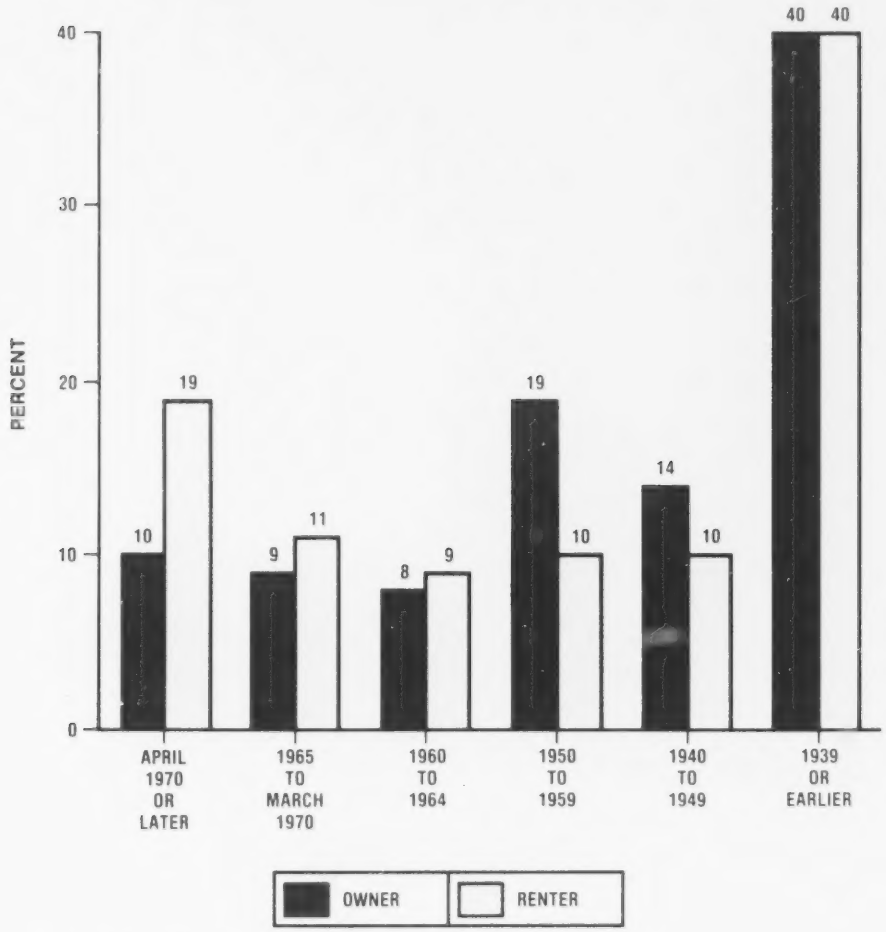
While age of housing is not necessarily an index of physical condition, it does bear a relationship to size, functional obsolescence and ease of maintenance. Various housing studies reveal that many older persons live in homes that are too large for current family size and need. Many elderly with physical handicaps do not have the funds or the availability of services to adapt older, larger homes to their physical needs.

Age of housing also determines net worth. The median value in 1981 of homes built in 1939 or earlier was $39,900 as compared to $79,000 for those built after April, 1970.[6]

HOUSING FLAWS

A significant proportion of both elderly renters and homeowners live in housing with flaws. According to the 1980 Annual Housing Survey, 10 percent of units headed by persons 65 years or older had signs of mice and rats and 30 percent had bedrooms which lacked privacy (25 percent of elderly owners and 62 percent of elderly renters). Smaller numbers of elderly persons lived in housing with flaws such as incomplete kitchen facilities (2 percent), open cracks or holes (4 percent) and incomplete plumbing facilities (3 percent).

Chart 70
YEAR HOUSING STRUCTURE BUILT
HOUSEHOLDERS 65 YEARS AND OLDER

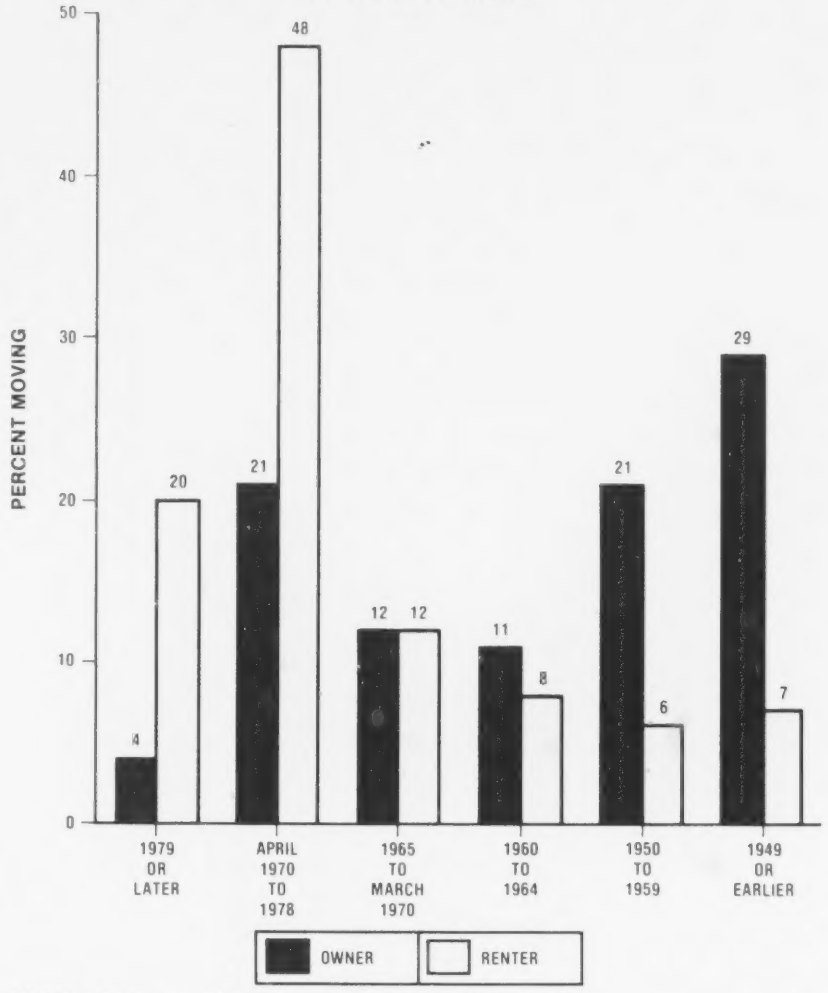


SOURCE: U.S. Bureau of the Census, Annual Housing Survey, 1980, unpublished.

MOVING PATTERNS

Elderly renters are more likely than elderly homeowners to have moved from one housing structure to another in recent years. According to the 1980 Annual Housing Survey, 68 percent of elderly renters had moved into their present housing unit after April, 1970, as compared to 25 percent of elderly homeowners (Chart 71). Fifty percent of elderly homeowners moved into their present homes in 1959 or earlier, while this figure was 13 percent for elderly renters.

Chart 71
PERSONS MOVING FROM ONE HOUSING STRUCTURE TO ANOTHER BY YEAR OF MOVE



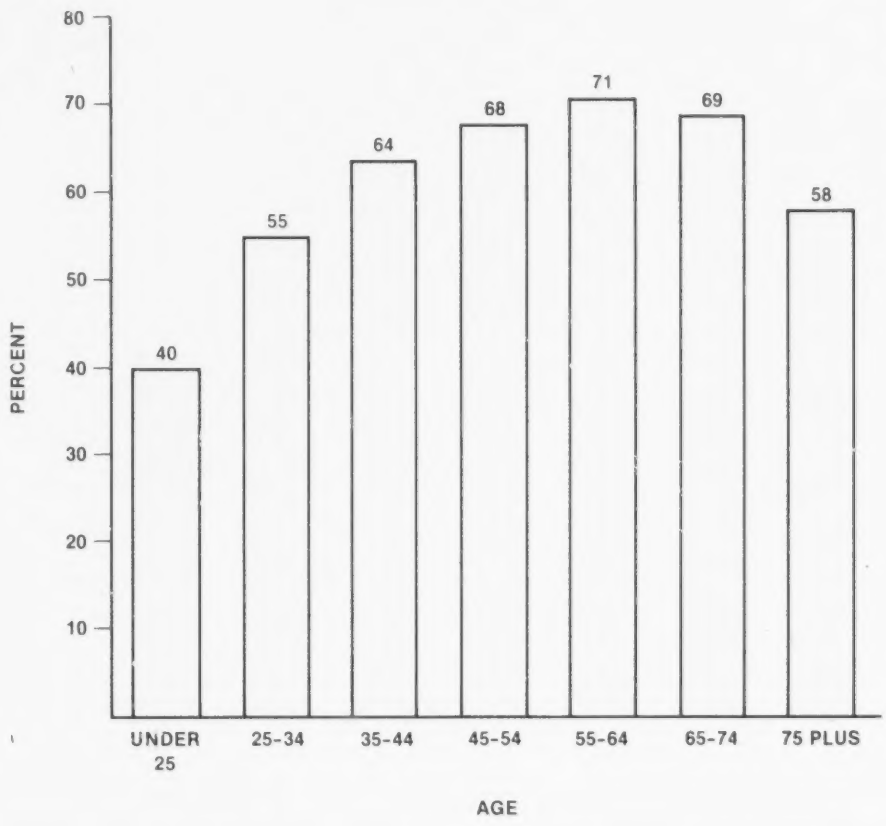
SOURCE: U.S. Bureau of the Census, Annual Housing Survey, 1980, unpublished.

VOTING PATTERNS

Older persons are more likely to vote than members of younger age groups (Chart 72). Seventy-one percent of persons between 55 and 64 years of age voted in the 1980 election, as did 69 percent of persons in the 65 to 74 age range. However, this figure drops to 58 percent for persons 75 years and over.

This trend of greater participation by elderly voters remained the same during the 1982 elections, although fewer people of all ages vote in non-presidential elections than in presidential elections. In 1982, 65 percent of persons 65 to 74 years old and 65 percent of persons 55 to 64 years old voted, as compared to 60 percent of persons age 45 to 54 and 52 percent of persons age 35 to 44.

Chart 72
PERCENT REPORTED VOTING IN 1980
PRESIDENTIAL ELECTION
BY AGE GROUP



SOURCE: U.S. Bureau of the Census, Voting and Registration in the Election of November 1980, Current Population Reports, Series P-20, No. 370, 1982.

CRIMINAL VICTIMIZATION

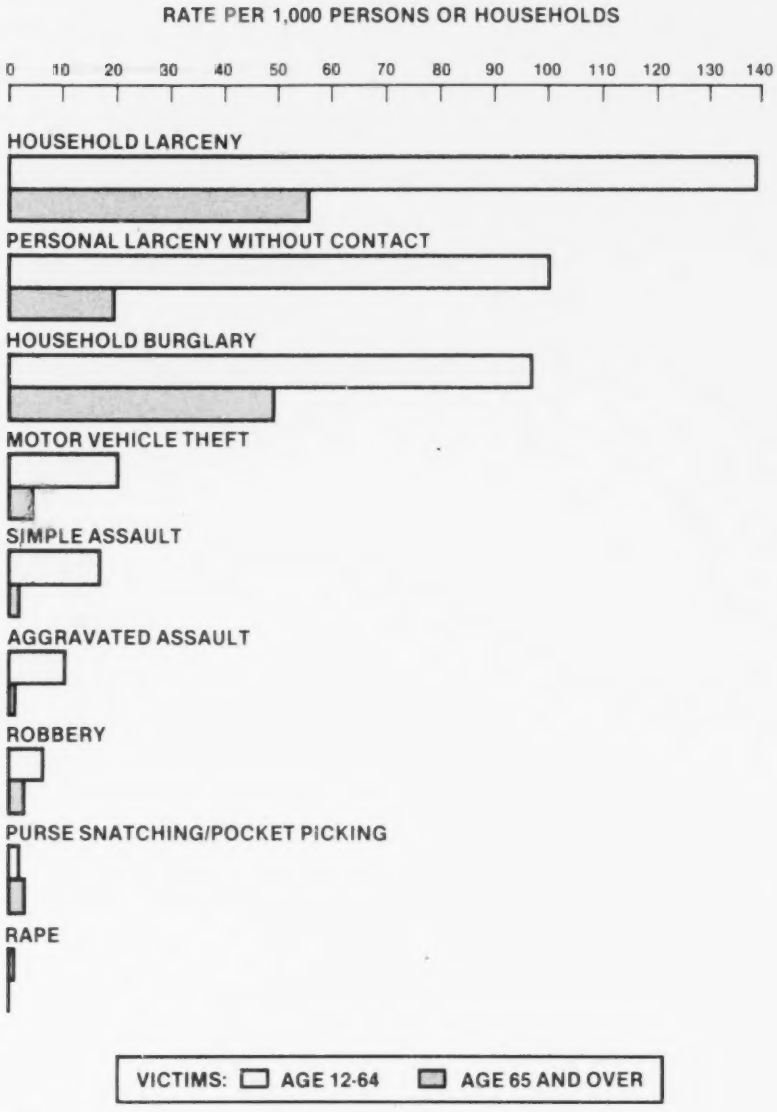
Contrary to stereotype, criminal victimization rates for older persons are lower than those for other age groups. Personal crimes against the elderly that are violent in character—assaults, robberies or rapes—occur at an annual rate of about 8 per 1,000, one-fifth of the average rate for persons under 65 years of age (Chart 73).[7] Older Americans were victims of about 169,000 violent crimes per year between 1973 and 1980. Victimizations involving personal and household property (purse-snatching, robberies etc.) were much more numerous, averaging about 1.5 million common thefts (personal or household larcenies), about 750,000 residential burglaries, and about 80,000 automobile thefts a year. Few meaningful year-to-year fluctuations in the incidence of crime are detectable over the last decade.

Some small groups within the elderly population experience high victimization rates. The non-white aged appear to have a victimization rate about two times higher than that of whites. Elderly males run a risk that is about 70 percent greater than that of females.

Older persons often list crime as one of their greatest fears. As a result of this fear, many limit their travel to avoid specific areas and restrict their activities to daylight hours when they feel safer. This change in behavior makes older persons less likely to be victimized, but when they do fall victim to crime, the impact on their lives is likely to be greater than on younger persons. For instance, the U.S. Senate Special Committee on Aging's national survey, conducted in 1981, on the effects of economic frauds against older Americans, showed that when victimized, elderly persons are more likely to be injured, are slower to recover and incur greater proportional losses to income than younger persons.

Future victimization trends for the elderly may be lower than they are today. For example, the elderly population will be growing rapidly while the age groups that historically contribute most to the offender population are expected to decrease in proportion. Additionally, suburban crime rates are lower than inner-city crime rates and as suburban dwellers age, concurrent changes in average crime rates for older persons may decrease.

Chart 73
CRIMINAL VICTIMIZATION RATES PERSONS 12 TO 64 YEARS AND 65 AND OLDER 1973-80


RATE PER 1,000 PERSONS OR HOUSEHOLDS
0 10 20 30 40 50 60 70 80 90 100 110 120 130 140
HOUSEHOLD LARCENY
PERSONAL LARCENY WITHOUT CONTACT
HOUSEHOLD BURGLARY
MOTOR VEHICLE THEFT
SIMPLE ASSAULT
AGGRAVATED ASSAULT
ROBBERY
PURSE SNATCHING/POCKET PICKING
RAPE
VICTIMS: AGE 12-64 AGE 65 AND OVER

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, December 1981

OLDER VOLUNTEERS

Older people offer their time and abilities to a wide variety of organizations throughout the United States. In fact, according to a poll taken in 1982 by Gallup Associates, older persons, aged 50 to 64 years, lead the country with the highest proportion of individuals committing their time to charitable (38 percent) or voluntary (40 percent) organizations (Chart 74). Persons 65 years and older rank second (36 percent and 33 percent).

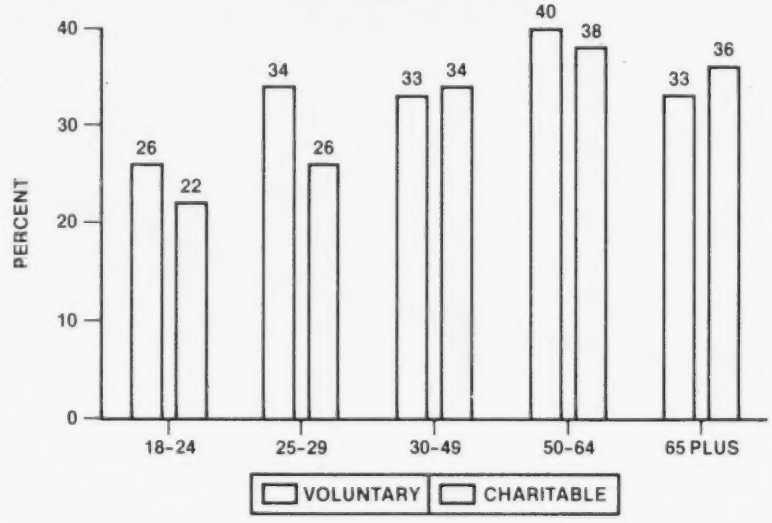
(This finding is in contrast to the 1981 National Council on Aging poll which found that volunteerism is lower among the 65 and over population—23 percent—than it is among the younger public—33 percent.)

Two National Council on Aging surveys conducted in 1974 and 1981 revealed that 10 percent of persons 65 years or older who are not now volunteering would like to. A number of factors may inhibit volunteerism for older persons including a lack of knowledge about available opportunities, lack of financial resources and transportation problems.

In 1982, programs administered by the federal agency for volunteerism, ACTION, sponsored 332,000 Retired Senior Volunteer Program volunteers in 722 projects; 18,100 Foster Grandparents in 233 projects; and 4,800 Senior Companions in 76 projects across the country.[8]

Older Americans are also actively involved in such programs as Volunteers in Service to America, VISTA, the Service Corps of Retired Executives and other programs sponsored by federal, state and local governments.

Chart 74
INVOLVEMENT IN CHARITABLE AND VOLUNTARY ORGANIZATIONS BY AGE GROUP



SOURCE: Religion in America, Gallup Report, 1982

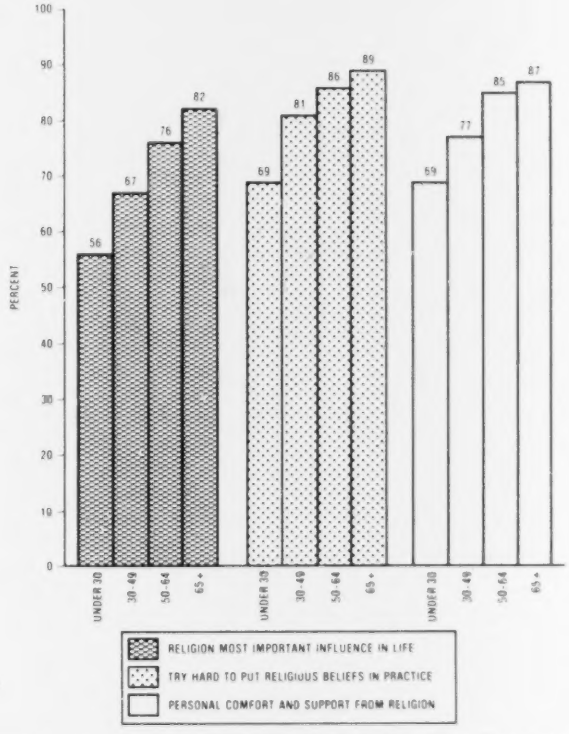
RELIGION

Religion and religious institutions have traditionally served as a focal point for both spiritual and social activities for American citizens. There are currently more than 500,000 local churches and synagogues in the United States with a total membership of over 140 million. These institutions provide substantial services to older persons in such diverse areas such as transportation, counseling, education, recreation, fellowship, nutrition, health care, housing assistance, home visiting, and volunteer service opportunities.

According to a 1981 Gallup poll on the role of religion in America, only 8 percent of Americans of all ages say they have no religious affiliation. However, this figure is even smaller for older Americans. Only 4 percent of individuals 50 to 69 years old and 3 percent over the age of 70 say they have no religious affiliation.

Elderly persons have the highest rate of religiousness of all age groups. The chart below compares three measures of spiritual commitment for four age groups.

Chart 75
SPIRITUAL COMMITMENT OF OLDER AND YOUNGER PERSONS
1981



SOURCE: Religion in America 1982, The Gallup Report, Report Nos. 201-202, June-July, 1982

FOOTNOTES

SECTION 1
OLDER POPULATION GROWTH

[1]U.S. Bureau of the Census, Decennial Censuses of the Population, 1900-1980 and Projections of the Population of the United States: 1982 to 2050 (Advance Report), Current Population Reports, Series P-25, No. 922, October 1982

[2]IBID

[3]IBID

[4]U.S. Senate Special Committee on Aging, America in Transition: An Aging Society, 1982, Volume One, Chapter One, 1983

[5]U.S. Bureau of the Census, Decennial Censuses of the Population, 1900-1980, and Projections of the Population of the United States: 1982 to 2050, Current Population Reports, Series P-25, No. 922, Middle series projections

OLDER POPULATION AGING

[6]National Institute on Aging, *Population Aging*, Report of a Conference sponsored by the American Council of Life Insurance and Health Insurance Association of America, May 1982

[7]U.S. Bureau of the Census, Decennial Censuses, 1900 and 1980

[8]U.S. Bureau of the Census, Projections of the Population of the United States: 1982 to 2050, Current Population Reports, Series P-25, No. 922, Middle series projections

SEX DIFFERENTIALS

[9]Siegel, Jacob S. and Sally L. Hoover, Demographic Aspects of the Health of the Elderly to the Year 2000 and Beyond, World Health Organization, WHO/AGE 82.3, July, 1982

RACE AND ETHNIC ORIGIN

[10]U.S. Bureau of the Census, Population Division, unpublished tabulations

[11]U.S. Senate Special Committee on Aging, America in Transition: An Aging Society, *Developments in Aging 1982*, Volume One, 1983

LIFE EXPECTANCY

[12]U.S. Senate Special Committee on Aging, America in Transition: An Aging Society, Developments in Aging, Volume One, Chapter One, 1983

[13]Social Security Administration, Office of the Actuary, September, 1982

[14]U.S. Bureau of the Census, Series P-25, No. 922

[15]Kitagawa, E.M. and P.M. Hauser, Differential Mortality of the United States: A Study in Socioeconomic Epidemiology, Harvard University Press, 1973

GEOGRAPHIC DISTRIBUTION

[16]Unless otherwise noted, statistics in this section are from: U.S. Bureau of the Census, 1970 and 1980 Decennial Censuses of the Population

[17]U.S. Senate, Special Committee on Aging, Calvin L. Beale, Rural Older Americans: Unanswered Questions, Hearing, 97th Cong., 2d Sess. May 19, 1982. Washington, U.S. Govt. Print. Ofc.

AGING IN OTHER COUNTRIES

[18]All statistics from this section from: United Nations, World Assembly on Aging Introductory Document: Demographic Considerations, Report of the Secretary General, Item Five of the Provisional Agenda, 1982

VETERANS

[19]All statistics from this section from: Veterans Administration, Research Division

SECTION 2
INCOME

[1]Unless otherwise noted, statistics for this and the following income sections are from the March 1982 Current Population Survey and refer to money income in 1981 for the noninstitutionalized population only.

TAX IMPACT ON INCOME

[1]U.S. Bureau of the Census, *Estimating After-Tax Money Income Distributions Using Data From the March Current Population Survey*, Current Population Reports, Series P-23, No. 126

SOURCES OF INCOME

[1]U.S. Senate Special Committee on Aging, *Developments in Aging: 1982*; Volume One

POVERTY

[1]U.S. Bureau of the Census, Technical Paper No. 50, Alternative Methods for Valuing Selected In-Kind Transfer Benefits and Measuring Their Effect on Poverty, Washington, 1982

[2]U.S. Bureau of the Census, Characteristics of Households Receiving Selected Noncash Benefits: 1981, Current Population Reports, Series P-60, No. 135, 1982

SECTION 3
LABOR FORCE PARTICIPATION

[1]Unless otherwise noted, data for this and the following sections on labor force participation are from: U.S. Department of Labor, Bureau of Labor Statistics, *Employment and Earnings*, Volume 29, No. 3, March 1982

SECTION 4
SELF-ASSESSMENT OF HEALTH

[1]Findings of a longitudinal study on the elderly in Canada demonstrate that an individual's self-assessment are a better predictor of mortality than the physician's assessment. Mossey, J. and E. Shapiro, Self-Rated Health: A Predictor of Mortality Among the Elderly

[2]This fact has been well documented by both the National Council on Aging/Lou Harris polls and the National Center on Health Statistics' annual Health Interview Survey

DEATH RATES

[1]National Center for Health Statistics, 1982

CAUSES OF DEATH

[1]U.S. Bureau of the Census, Current Population Reports, Series P-23, No. 59

THE RECTANGULAR SURVIVAL CURVE

[1]Fries, James F. and Lawrence M. Crapo, *Vitality and Aging*, W.H. Freeman and Co., 1981

[2]Schneider, Edward L. and Brody, Jacob A., Aging, Natural Death, and the Compression of Morbidity: Another View, *The New England Journal of Medicine*, Vol. 309, No. 14, October 6, 1983

CHRONIC CONDITIONS

[1]National Center for Health Statistics, 1981 National Ambulatory Medical Care Survey, unpublished

[2]ibid

BURDEN OF ILLNESS OF LEADING CONDITIONS

[1]National Center for Health Statistics, *Health U.S.*, 1982

PERSONAL HEALTH CARE EXPENDITURES

[1]Unless otherwise noted, the data for health care expenditures in this and the following sections is from the Health Care Financing Administration as reported in: U.S. Senate Special Committee on Aging, Developments in Aging: 1982, Volume One

MENTAL HEALTH

[11]Myers, Jerome K. et. al.: *The Prevalence of Psychiatric Disorders in Three Communities: 1980-1982*, unpublished

[12]National Institutes of Mental Health, *Utilization of Mental Health Facilities 1971*; reported in Mental Health Statistics, Series B, No. 5, 1973 and unpublished data; Division of Biometry and Epidemiology, National Institutes of Mental Health

[13]Pardes, Herbert; Director, National Institute of Mental Health; Alcohol, Drug Abuse and Mental Health Administration; testimony before the Subcommittee on Aging, Committee on Labor and Human Resources, United States Senate; May 16, 1983 and Mace, Nancy L.; Johns Hopkins University; testimony before the Subcommittee on Aging, Committee on Labor and Human Resources, United States Senate; May 16, 1983

[14]National Center for Health Statistics; *Profile of Chronic Illness in Nursing Homes, United States: National Nursing Home Survey August 1973-April 1974*; Vital and Health Statistics - Series 13, No.-19

[15]National Center for Health Statistics, Monthly Vital Statistics Report, Provisional data, Vol. 29, No. 13, September 17, 1981

SECTION 5
MYTHS AND REALITIES OF AGING

[1]National Council on the Aging - Lou Harris, *Aging in the Eighties: America in Transition*, November, 1981

CHANGING FAMILY STRUCTURE

[1]National Institute of Aging, *Population Aging*, Report of a Conference Sponsored by the American Council of Life Insurance and Health Insurance Corporation of America, May, 1982

EDUCATIONAL ATTAINMENT

[1]U.S. Bureau of the Census, 1970 Current Population Survey, P-20 No. 207

[2]U.S. Bureau of the Census, March 1980 Current Population Survey, unpublished

HOUSING

[1]Unless otherwise noted the data for this section is from: U.S. Bureau of the Census, 1980 Annual Housing Survey, unpublished

[2]U.S. Bureau of the Census, 1981 Annual Housing Survey, Volume C

CRIMINAL VICTIMIZATION

[1]All statistics for this section from: U.S. Department of Justice, Bureau of Justice Statistics, December, 1981; reported in, *The Aging Population, Growth and Diversity*, U.S. Senate Special Committee on Aging: 1981, Volume One.

OLDER VOLUNTEERS

[1]U.S. Senate Special Committee, "Action: Volunteer Programs for Older Americans," *Developments in Aging: 1982*., Volume One

THE UNITED STATES SENATE SPECIAL COMMITTEE ON AGING

The standing orders of the U.S. Senate charge the Special Committee on Aging with the responsibility for studying any and all matters pertaining to the problems and opportunities of older people.
In accordance with this charge, the committee engages in the following types of activities:

—It serves as focal point in the Senate for discussion and debate on matters related to the Nation's older citizens.

—It makes comprehensive studies and investigations into issues affecting older people, including, but not limited to: health, retirement income, employment, tax policy, housing, transportation, energy assistance, crime, and social services.

—It submits its findings and recommendations for legislation to the Senate.

—It conducts oversight of agencies and programs designed to assist older people; and

—It publishes materials of assistance to those interested in public policies which relate to the elderly.

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)

AARP is the nation's largest and oldest organization of mature Americans as well as one of the largest voluntary membership associations of any kind in the world. In addition to offering a wide range of beneficial services to its more than 16 million members, AARP has developed a number of innovative community service and public information programs designed to improve the quality of life for all older persons. The Association also is involved in legislative advocacy efforts at both federal and state levels, but is strictly nonpartisan.

Prepared by the U.S. Senate Special Committee on Aging in Conjunction with the American Association of Retired Persons.

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